

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 033 ****61.25

DOCUMENT # P02829

1. Corporation Name
CHURCH OF JESUS CHRIST (APOSTOLIC) INCORPORATED

Principal Place of Business: P.O. BOX 450249, FT. LAUDERDALE FL 33345
Mailing Address: P.O. BOX 450249, FT. LAUDERDALE FL 33345



21	2. Principal Place of Business	2a. Mailing Address	26	PO. Box 450249	3. Date Incorporated or Qualified	27	07/25/1984
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27		4. FEI Number	28	23-7158231
23	City & State SUNRISE, FL	City & State SUNRISE, FL	29	33345	5. Certificate of Status Desired	30	USA
24	Zip	Country	29	33345	6. Election Campaign Financing Trust Fund Contribution	30	USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, REV. C.M.E. 6045 18 ST S ST PETERSBURG FL 33712		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WILLIAMS, BISHOP R.C.	1.2 NAME	
STREET ADDRESS	691-11TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	WELCH, REV. J.N.	2.2 NAME	
STREET ADDRESS	664 EAST 29TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MCKOY, REV. W.G.	3.2 NAME	
STREET ADDRESS	455 EAST 29TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	CAMERON, MRS. LINDA M.	4.2 NAME	
STREET ADDRESS	317 EAST 32ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COKE, DEACON W.A.	5.2 NAME	
STREET ADDRESS	5 HENRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WILLIAMS, REV. C.M.E.	6.2 NAME	
STREET ADDRESS	691-11TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 6/15/99 DAYTIME PHONE #: 727-864-34954-581-33