


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02829 <small>1. Entity Name</small> CHURCH OF JESUS CHRIST (APOSTOLIC) INCORPORATED	
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<small>Principal Place of Business</small> 29-35 HALEDON AVE PATERSON NJ 07522	<small>Mailing Address</small> PO BOX BE PATERSON NJ 07509
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E037 (10/05)

<small>5. Name and Address of Current Registered Agent</small> GREEN, T REV. 4765 NW 5TH COURT PLANTATION FL 33317	<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>
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<small>4. FEI Number</small> 23-7158231	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 <small>Additional Fee Required</small>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/> \$5.00 <small>May Be Added to Fees</small>	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small>	P WILLIAMS, BISHOP R.C.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	691-11TH AVENUE		
<small>CITY-ST-ZIP</small>	PATERSON NJ		
<small>TITLE</small>	V WELCH, REV. J.N.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	664 EAST 29TH STREET		
<small>CITY-ST-ZIP</small>	PATERSON NJ		
<small>TITLE</small>	GS MCKOY, REV. W.G.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	308 LIBERTY ROAD		
<small>CITY-ST-ZIP</small>	ENGLEWOOD NJ 07631		
<small>TITLE</small>	T CAMERON, MRS. LINDA M.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	317 EAST 32ND STREET		
<small>CITY-ST-ZIP</small>	PATERSON NJ		
<small>TITLE</small>	D COKE, REV. W.A.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	10349 BOYNTON PLACE CIRCLE		
<small>CITY-ST-ZIP</small>	BOYNTON BEACH FL 33437		
<small>TITLE</small>	D WILLIAMS, REV. D.	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	5525 BOYNTON PLACE		
<small>CITY-ST-ZIP</small>	BOYNTON BEACH FL 33437		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 