

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763409

**Entity Name:** CHURCH OF JESUS, APOSTOLIC FAITH, INCORPORATED**Current Principal Place of Business:**131 WASHINGTON STREET  
ORMOND BEACH, FL 32174-6339**Current Mailing Address:**131 WASHINGTON STREET  
ORMOND BEACH, FL 32174-6339 US**FEI Number:** 59-2667845**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN-DAVIS, TONYA M  
131 WASHINGTON STREET  
ORMOND BEACH, FL 32174-6339 US*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.***SIGNATURE:** TONYA M. BROWN-DAVIS

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name FREEMAN, III, CHARLIE ROGERS  
Address 131 WASHINGTON ST  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name BREWER, CHARLOTTE L  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

Title DIRECTOR  
Name DAVIS, JR., CHARLES L  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

Title DIRECTOR  
Name HOLLINGER, SLADE  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

Title VP, SECRETARY, TREASURER,  
DIRECTOR  
Name BROWN-DAVIS, TONYA M  
Address 131 WASHINGTON ST  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name CLARK, NICOLE  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

Title DIRECTOR  
Name DUNBAR, MARILYN  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

Title DIRECTOR  
Name JOHNSON, JR., PASCO V  
Address 131 WASHINGTON STREET  
City-State-Zip: ORMOND BEACH FL 32174-6339

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TONYA BROWN-DAVIS

VP

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                WILLIAMS, JAMES  
Address             131 WASHINGTON STREET  
City-State-Zip:    ORMOND BEACH FL 32174-6339

Title                 DIRECTOR  
Name                FREEMAN, ELIZABETH A  
Address             131 WASHINGTON ST  
City-State-Zip:    ORMOND BEACH FL 32174

Title                 SECRETARY, DIRECTOR  
Name                KENNEDY, ANGELIA K  
Address             131 WASHINGTON STREET  
City-State-Zip:    ORMOND BEACH FL 32174-6339