

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N97000002491

**Entity Name:** TRUE WITNESS CHURCH OF JESUS CHRIST APOSTOLIC, INC.

**Current Principal Place of Business:**

185 NW 30TH AVE  
POMPANO BEACH, FL 33066

**Current Mailing Address:**

P O BOX 668028  
POMPANO BEACH, FL 33069 US

**FEI Number:** 65-0749372

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKOY, EULEM P  
185 NW 30TH AVE  
POMPANO BEACH, FL 33069 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:** EULEM PAUL MCKOY

02/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/PASTOR/SECY  
Name            MCKOY, EULEM P  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            OFFICER  
Name            LOWERY, RUTH DR  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            OFFICER  
Name            REID, TRISTAN J  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            OFFICER  
Name            MOULTON, ROSALEE  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            OFFICER  
Name            BURTON, KEECO  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            OFFICER  
Name            MCKOY, HENRY J SR.  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            DEACON  
Name            BOULDEN, HUBERT  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33066

Title            DEACON  
Name            LEWIS, D  
Address        P O BOX 668028  
City-State-Zip: POMPANO BEACH FL 33069

**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:** EULEM P MCKOY

**PRESIDENT**

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER
Name	MCKOY, PE OFFICER
Address	P O BOX 668028
City-State-Zip:	POMPANO BEACH FL 33069