2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 720971

Entity Name: APOSTOLIC EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

6702 N.W. 15TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

6702 N.W. 15TH AVE.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 23-7160177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DR. GILBERT S.
6702 NW 15TH AVENUE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SMITH, GILBERT S DR.	
Address:	12705 N.E. 4TH AVE.	
City-St-Zip:	N. MIAMI, FL	
Title:	D	( ) Delete
Name:	SMITH, TOMMIE L ELDER	
Address:	475 NW 89TH ST.	
City-St-Zip:	MIAMI, FL 33150	
Title:	D	( ) Delete
Name:	ALLEN, MICHAEL DEC	
Address:	490 NW 45 AVE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	VPD	( ) Delete
Name:	SMITH, GENEVA O SIS	
Address:	12705 N.E. 4TH AVE.	
City-St-Zip:	N. MIAMI, FL	
Title:	STD	( ) Delete
Name:	LITTLE, TALESIA	
Address:	1458 NW 99TH ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	JOHNSON, BETTY SIS	
Address:	3470 NW 176 ST.	
City-St-Zip:	MIAMI, FL 33056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GILBERT SMITH P 04/30/2007

Electronic Signature of Signing Officer or Director — Date