NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90669 003 ****70.00

DOCUMENT # N00000002092

1. Entity Name
CHURCH OF THE APOSTOLIC PENTECOSTALS, INC.

DO NOT WRITE IN THIS SPACE

B0064736

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2713 PALM ISLE WAY	2713 PALM ISLE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32829 Country: ~~OR~~ U.S.A.	Zip: 32829 Country: U.S.A.

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DANIEL R. HOLT

Street Address (P.O. Box Number is Not Acceptable): 2713 PALM ISLE WAY

City: ORLANDO FL Zip Code: 32829

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.

SIGNATURE: D R Holt DATE: 3/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PASTOR NAME: HOLT, DANIEL R. STREET ADDRESS: 2713 PALM ISLE WAY CITY-ST-ZIP: ORLANDO, FL 32829	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: HOLT, TERI C.C. STREET ADDRESS: 2713 PALM ISLE WAY CITY-ST-ZIP: ORLANDO, FL 32829	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: BJORKLUND, RONALD D. STREET ADDRESS: 277 109TH AVE. N.E. CITY-ST-ZIP: BLAINE, MN 55434	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: D R Holt 3/26/02 407.896.0594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #