

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008 8:00 am
Secretary of State

07-08-2008 90001 017 ****70.00

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05302008 Chg-NP CR2E037 (12/06)

| | | | |
|--|---|--|---|
| DOCUMENT # N06000012760 1. Entity Name COUNCIL OF APOSTLES, PROPHETS AND ELDERS, INC. | | | |
| Principal Place of Business 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | | Mailing Address 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | |
| 2. Principal Place of Business - No P.O. Box # 14071 Golden Rain Suite, Apt. #, etc. Tree BLVD | | 3. Mailing Address PO Box 570344 Suite, Apt. #, etc. | |
| City & State Orlando, FL Zip 32828 | | City & State Orlando, FL Zip 32857 | |
| Country | | Country 0344 | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STAIR, SYDNEY E 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | | 7. Name and Address of New Registered Agent Name Ramos Delmy M. Street Address (P.O. Box Number is Not Acceptable) 14071 Golden Rain Tree BLVD. City Orlando FL Zip Code 32828 | |
| 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 <u>7/2/2008 Delmy M. Ramos</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting) DATE</small> | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAIR, SYDNEY E 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stair, Sydney E. #4 Calle Principal Lomas del Sol Guaynabo, PR 00969 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALOMAR, LIZ M 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alomar, Liz M. #39 Calle Carazo Guaynabo, PR 00970 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, AIDA M 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rodriguez, Aida M. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAIR, YDSIA 2284 GATOR DRIVE #369 ORLANDO, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stair, Ydsia #4 Calle Principal Lomas del Sol Guaynabo, PR 00969 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAZQUEZ, SILVINA 1500 CARR. #19 #K-204 GUAYNABO, PUERTO RICO 00966 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ramos, Delmy M. 14071 Golden Rain Tree BLVD Orlando, FL 32828 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>7/2/2008</u> <u>787-287-1788</u> <small>Date Daytime Phone #</small> | |