

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002958 (5)**

1. Corporation Name
ST. PETER'S APOSTOLIC CHURCH, INC.



Principal Place of Business: **910 W 7 ST LAKELAND FL 33805**
Mailing Address: **910 W 7 ST LAKELAND FL 33805**

3. Date Incorporated or Qualified: **06/21/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 3303 ELLIOTT Tampa Florida**
22. Suite, Apt. #, etc.: **Tampa Florida**
23. City & State: **Tampa Florida**
24. Zip: **33610**
25. Country: **Hillsborough**
26. Mailing Address: **910 W 7th St.**
27. Suite, Apt. #, etc.: **Lakeland Fla.**
28. City & State: **Lakeland Fla.**
29. Zip: **33805**
30. Country: **DOLK**

4. FEI Number: **59-3370308**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, EDDIE MAE
910 W 7 ST
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Eddie Mae Williams*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D	1.1 TITLE	Pastor
NAME	LOCKETT, LEROY	1.2 NAME	John Battle
STREET ADDRESS	8119 N 11 ST	1.3 STREET ADDRESS	Rt. 4 Box 281
CITY-ST-ZIP	TAMPA FL 33804	1.4 CITY-ST-ZIP	Quincy Fla. 32351
TITLE	D	2.1 TITLE	
NAME	YOUNG, HENRY J	2.2 NAME	
STREET ADDRESS	2508 32ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33805	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FRAZIER, MARY	3.2 NAME	
STREET ADDRESS	1524 N LINCOLN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BAKER, TRUDY	4.2 NAME	
STREET ADDRESS	1143 N OHIO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WILLIAMS, EDDIE MAE	5.2 NAME	
STREET ADDRESS	910 W 7 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eddie Mae Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96
DATE

6860423
Daytime Phone #

CR2E037 (12/95)