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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002958 (5)

1. Corporation Name

ST. PETER'S APOSTOLIC CHURCH, INC.



Principal Place of Business

Mailing Address

3303 ELLIOT
TAMPA FL 33610

910 W 7TH ST.
LAKELAND FL 33805-4240

3. Date Incorporated or Qualified
12/10/1958

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 3303 ELLIOT
State, Apt. #, etc.

26 910 W 7TH ST
State, Apt. #, etc.

4. FEI Number
59-3370308

Applied For
Not Applicable

22 City & State
Tampa Fla.

27 City & State
Lakeland Fla.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip
33610

25 Country
Hillsborough

28 Zip
33805

30 Country
POLK

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

10. Name and Address of New Registered Agent

WILLIAMS, EDDIE MAE
910 W 7 ST
LAKELAND FL 33805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

4-27-97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME BATTLE, JOHN
STREET ADDRESS RT. 4 BOX 281
CITY-ST-ZIP QUINCY FL 32351

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME YOUNG, HENRY J
STREET ADDRESS 2508 32ND ST
CITY-ST-ZIP TAMPA FL 33605

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME FRAZIER, MARY
STREET ADDRESS 1524 N LINCOLN AVE
CITY-ST-ZIP LAKELAND FL 33805

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BAKER, TRUDY
STREET ADDRESS 1143 N OHIO AVE
CITY-ST-ZIP LAKELAND FL 33805

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME WILLIAMS, EDDIE MAE
STREET ADDRESS 910 W 7 ST
CITY-ST-ZIP LAKELAND FL 33805

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: SIGNATURE REQUIRED *Eddie Mae Williams 4-27-97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052793

CP2E037 (9/96)