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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90138 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002958

1. Corporation Name

ST. PETER'S APOSTOLIC CHURCH, INC.

460276-90138-39



Principal Place of Business 3303 ELLIOT TAMPA FL 33610 US	Mailing Address 910 W 7TH STREET LAKELAND FL 33805 US
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2. Principal Place of Business 21 3303 ELLIOT Suite, Apt. #, etc. 22 Tampa Fla City & State 23 Fla. Zip 33610 Country US	2a. Mailing Address 26 910 W 7th ST. Suite, Apt. #, etc. 27 Lakeland, Fla. City & State 28 33805 Zip 33805 Country POTR	3. Date Incorporated or Qualified 12/10/1958	4. FEI Number 59-3370308	Applied For Not Applicable
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	85 Zip Code
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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 MINISTER DATE 4-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, JOHN	1.2 NAME	
STREET ADDRESS	RT. 4 BOX 281	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, HENRY J	2.2 NAME	
STREET ADDRESS	2508 32ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Eddie Mae Williams DATE: 4-26-99

CR2E037 (11/98)