

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90102 038 ****61.25

DOCUMENT # N95000002958

1. Entity Name

ST. PETER'S APOSTOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

3303 ELLIOT
 TAMPA FL 33610
 US

910 W 7TH STREET
 LAKELAND FL 33805-4240
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Tampa Fla.

3. Mailing Address

910 W 7th St.

Suite, Apt. #, etc.

3303 Elliott

Suite, Apt. #, etc.

Lakeland

City & State

Tampa Fla.

City & State

Fla

4. FEI Number

59-3370308

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip
 33410

Country

Haiti/bonnyhs

Zip

33805

Country

DOIK

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, EDDIE MAE
 910 W 7 ST
 LAKELAND FL 33805

Name Eddie-mae Williams
 Street Address (P.O. Box Number is Not Acceptable)
910 W 7th St
Lakeland
 City Lakeland FL Zip Code 33805

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 Eddie Mae Williams Sec.

DATE 4-14-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BATTLE, JOHN	
STREET ADDRESS	RT. 4 BOX 281	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, HENRY J	
STREET ADDRESS	2508 32ND ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, MARY	
STREET ADDRESS	1524 N LINCOLN AVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, TRUDY	
STREET ADDRESS	1143 N OHIO AVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDDIE MAE	
STREET ADDRESS	910 W 7 ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

DATE 4-14-00

Daytime Phone #

CR2E037 (9/99)