

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90112 011 ****61.25

DOCUMENT # N95000002958

1. Entity Name

ST. PETER'S APOSTOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

3303 ELLICOTT
 TAMPA FL 33610
 US

910 W 7TH STREET
 LAKE LAND FL 33805
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3303 ELLICOTT

910 W 7TH ST

Suite, Apt. #, etc.
 TAMPA, FLA.

Suite, Apt. #, etc.
 LAKE LAND FLA

City & State
 TAMPA FLA

City & State
 LAKE LAND FLA

Zip
 33610

Country
 HILLSBORO

Country
 FLA

Zip
 33805

Country
 POLK

4. FEI Number

59-3370308

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, EDDIE MAE
 910 W 7 ST
 LAKE LAND FL 33805

Name

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

City

FL

Zip Code

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

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

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

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

4-25-01

Date

Daytime Phone #

CR2E037 (10/00)