

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90373 007 \*\*\*\*70.00

**DOCUMENT # N95000002958**

1. Entity Name

**ST. PETER'S APOSTOLIC CHURCH, INC.**

Principal Place of Business

Mailing Address

**3303 ELLICOT  
 TAMPA FL 33610  
 US**

**910 W 7TH STREET  
 LAKELAND FL 33805  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*St. Peter's Apostolic Church*

*910 W 7th St*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3303 ELLICOT*

*910 W 7th St.*

City & State

City & State

*Tampa, Fla.*

*Lakeland*

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

*4-11-02*  
 Date

*863-602-4913*  
 Daytime Phone #

CR2E037 (9/01)