## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000002958

1. Entity Name

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

3303 ELLICOT **TAMPA FL 33610** 

Principal Place of Business

Mailing Address

910 W 7TH STREET LAKELAND FL 33805

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

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



CITY-ST-ZIP  LAKELAND FL 33805  CITY-ST-ZIP  TITLE  D  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  LAKELAND FL 33805  CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  LAKELAND FL 33805  CITY-ST-ZIP	3. Mailing Address A Strict Charch 9/0 W 78									
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3.3   December   Section						4. FEI Number FO 2070000		Α	pplied For	
6. Name and Address of Current Registered Agent  WILLIAMS, EDDIE MAE 910 W 7 ST LAKELAND FL 33805  City  FL  City  City  FL  City  City  City  City  City  City  City  City  City  FL  City	James Fla. Lake allo,					5				
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zp Code  City		6. Name and Address of Current Re	gistered Agent		Mama	7. Name and Add	dress of New Registered A	gent		
BYTO W 7 ST LAKELAND FL 33805  City FL Zip Cool  6. 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  SUBMITTER  STATE ADDRESS  OTTY-51-2P  UINCY FL 32351  TILE  D  OLINCY FL 32351  SIRET ADDRESS  SUBMITTER	i Name									
### City   FL   Zip Code    ##	WILLIAMS, EDDIE MAE					Street Address (P.O. Box Number is Not Acceptable)				
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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.

File Me Williams