


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 008 ****66.25

DOCUMENT # N95000002958
 1. Entity Name
ST. PETER'S APOSTOLIC CHURCH, INC.



Principal Place of Business: **3303 ELLICOTT TAMPA FL 33610 US**
 Mailing Address: **910 W 7TH STREET LAKELAND FL 33805 US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: **3303 ELLICOTT**
 Suite, Apt. #, etc.
 City & State: **Tampa Fla**
 Zip: **33610** Country: **USA**

3. Mailing Address: **910 W 7th St**
 Suite, Apt. #, etc.: **Lakeland**
 City & State: **Fla.**
 Zip: **33805** Country: **001K**

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
WILLIAMS, EDDIE MAE
910 W 7 ST
LAKELAND FL 33805

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: BATTLE, JOHN STREET ADDRESS: RT. 4 BOX 281 CITY-ST-ZIP: QUINCY FL 32351	<input type="checkbox"/> Delete
TITLE: D NAME: YOUNG, HENRY J STREET ADDRESS: 2508 32ND ST CITY-ST-ZIP: TAMPA FL 33605	<input type="checkbox"/> Delete
TITLE: D NAME: BAKER, TRUDY STREET ADDRESS: 1143 N OHIO AVE CITY-ST-ZIP: LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE: D NAME: WILLIAMS, EDDIE MAE STREET ADDRESS: 910 W 7 ST CITY-ST-ZIP: LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE: D NAME: PORTER, JULA ALICE STREET ADDRESS: 1150 14TH ST. CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **H-30-05** **863-4130894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #