

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90109 002 \*\*\*\*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 ST  
 LAKELAND FL 33805  
 US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

St. Peter's Apostolic Church  
 Suite, Apt. #, etc.  
 3303 ELLICOTT

3. Mailing Address

Eddie Mae Williams  
 Suite, Apt. #, etc.  
 910 W 7th St

City & State

Tampa, Fla

City & State

Lakeland Fla.

Zip

33610

Country

USA

Zip

33805

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	NAME	STREET ADDRESS	CITY-STATE-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-	BAKER, TRUDY	1143 N OHIO AVE	LAKELAND FL 33805	<input type="checkbox"/>
D	WILLIAMS, EDDIE MAE	910 W 7 ST	LAKELAND FL 33805	<input type="checkbox"/>
D	PORTER, JULA ALICE	1150 14TH ST.	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-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 exemptions contained in Section 119, 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

5-26-07

Date

813-669-5911

Daytime Phone #