


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 002 ****66.25

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



Principal Place of Business Mailing Address
ST. PETERS APOSSOLIC CHASK **EDDIE MAE WILLIAMS**
3303 ELLICOTT **910 N 7TH ST.**
TAMPA FL 33610 **LAKELAND FL 33805**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3303 Ellcott ave *Eddie Mae Williams*
Tampa Fla. *910 W 7th St*

City & State City & State
Tampa Fla. *Lakeland Fla*
Zip Country Zip Country
33610 *US* *33805* *FL*

1st MOORE CR2E037 (10/07)
4. FEI Number **59-3370308** Applied For
Not Applicable

6. Name and Address of Current Registered Agent
WILLIAMS, EDDIE MAE
910 W 7 ST
LAKELAND FL 33805

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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* *4225-08*