

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002958

FILED
Mar 23, 2009
Secretary of State

Entity Name: ST. PETER'S APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

ST. PETERS APOSSOLIC CHASK
3303 ELLICOTT AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

ST. PETERS APOSTOLIC CHURCH
3303 ELLICOTT AVENUE
TAMPA, FL 33610 US

Current Mailing Address:

EDDIE MAE WILLIAMS
910 N 7TH ST.
LAKELAND, FL 33805 US

New Mailing Address:

EDDIE MAE WILLIAMS
910 W 7TH ST.
LAKELAND, FL 33805 US

FEI Number: 59-3370308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, EDDIE MAE
910 W 7 ST
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

WILLIAMS, EDDIE MAE
910 W 7TH ST
LAKELAND, FL 33805 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BAKER, TRUDY
Address: 1143 N OHIO AVE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: WILLIAMS, EDDIE MAE
Address: 910 W 7 ST
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: PORTER, JULA ALICE
Address: 1150 14TH ST.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PORTER, LULA ALICE
Address: 1150 14TH ST.
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE MAE WILLIAMS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date