

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90130 018 \*\*\*\*61.25

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**

**11063403**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.  
**3303 ELLICOTT**  
City & State  
**Tampa, Fla**

3. Mailing Address

Suite, Apt. #, etc.  
**910 W 7th St.**  
City & State  
**Lakeland, Fla**  
US

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>P</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BATTLE, JOHN</b>        |                                 |
| STREET ADDRESS | <b>RT. 4 BOX 281</b>       |                                 |
| CITY-ST-ZIP    | <b>QUINCY FL 32351</b>     |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>YOUNG, HENRY J</b>      |                                 |
| STREET ADDRESS | <b>2508 32ND ST</b>        |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33605</b>      |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BAKER, TRUDY</b>        |                                 |
| STREET ADDRESS | <b>1143 N OHIO AVE</b>     |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33805</b>   |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>WILLIAMS, EDDIE MAE</b> |                                 |
| STREET ADDRESS | <b>910 W 7 ST</b>          |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33805</b>   |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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 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 Eddie Mae Williams

CR2E037 (10/02)