

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002958

**FILED**  
**Mar 05, 2021**  
**Secretary of State**  
**7519134988CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-3370308

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, TRUSTEE, EXECUTIVE SECRETARY, NATIONAL SUPERINTENDENT  
Name WILLIAMS, EDDIE MAE  
Address 910 WEST SEVENTH ST.  
City-State-Zip: LAKELAND FL 33805

Title OFFICER, TRUSTEE, NATIONAL MOTHER  
Name PORTER, LULA ALICE  
Address 1150 14TH ST.  
City-State-Zip: LAKELAND FL 33805

Title OFFICER, ASST. SECRETARY  
Name HANSON, JACQUELYN  
Address 1944 CINNAMON DRIVE  
City-State-Zip: LAKELAND FL 33801

Title OFFICER  
Name SHAW, ADRIAN SR.  
Address 6322 MAGNOLIA TRAILS LANE  
City-State-Zip: GIBSONTON FL 33534

Title TRUSTEE, OFFICER  
Name WOOTEN, JALINDA  
Address 910 W. 7TH ST.  
City-State-Zip: LAKELAND FL 33805

Title TRUSTEE, OFFICER  
Name MURDOCK, MARGARET  
Address 4502 N. 36TH ST.  
City-State-Zip: TAMPA FL 33610

Title PASTOR, OFFICER  
Name MURDOCK, THOMAS  
Address 4502 N. 36TH ST.  
City-State-Zip: TAMPA FL 33610

Title PASTOR, OFFICER  
Name BRYANT, DAMIAN  
Address 8406 GREYSTONE DR.  
City-State-Zip: LAKELAND FL 33810

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDDIE MAE WILLIAMS

NATIONAL  
SUPERINTENDENT, CEO

03/05/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DEACON, OFFICER  
Name FORD, FREDRICK  
Address 2050 E. EDGEWOOD DR.  
APT. E-25  
City-State-Zip: LAKELAND FL 33803