### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002958

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

**FILED** Apr 25, 2019 **Secretary of State** 1451213243CC

## **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: No

### 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

WILLIAMS, EDDIE MAE Name

910 WEST SEVENTH ST. Address

City-State-Zip: LAKELAND FL 33805

Title OFFICER, ASST. SECRETARY

Name HANSON, JACQUELYN

1944 CINNAMON DRIVE Address

City-State-Zip: LAKELAND FL 33801

Title TRUSTEE, OFFICER

WOOTEN, JALINDA Name

910 W. 7TH ST. Address

LAKELAND FL 33805 City-State-Zip:

Title PASTOR, OFFICER

MURDOCK, THOMAS Name

4502 N. 36TH ST. Address

City-State-Zip: TAMPA FL 33610 Title

Name

OFFICER, TRUSTEE, NATIONAL

**MOTHER** 

Name PORTER, LULA ALICE

Address 1150 14TH ST.

City-State-Zip: LAKELAND FL 33805

Title OFFICER

Name SHAW, ADRIAN SR.

Address 6322 MAGNOLIA TRAILS LANE

City-State-Zip: GIBSONTON FL 33534

TRUSTEE, OFFICER Title

Name MURDOCK, MARGARET

Address 4502 N. 36TH ST.

City-State-Zip: **TAMPA FL 33610** 

Title PASTOR, OFFICER

Address 8406 GREYSTONE DR.

BRYANT, DAMIAN

City-State-Zip: LAKELAND FL 33810

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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

CEO

04/25/2019

# Officer/Director Detail Continued:

Title DEACON, OFFICER Name FORD, FREDRICK

2050 E. EDGEWOOD DR. APT. E-25 Address

City-State-Zip: LAKELAND FL 33803