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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712122 (1)

1. Corporation Name

THE APOSTOLIC CHURCH OF PEACE OF LA BELLE, FLORIDA, INCORPORATED

Principal Place of Business

813 FORDSON AVE
LABELLE FL 33935

Mailing Address

572 MARTIN LUTHER KING
LABELLE FL 33935
US



3. Date Incorporated or Qualified 01/20/1967 3a. Date of Last Report 03/21/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25 P.O. Box 719	65-0040229	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28 LaBelle FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29 33935		
Country	Country		
25	30 Hendry		

9. Name and Address of Current Registered Agent

BROWN, DILSEY B.
790 LINCOLN AVENUE
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	BISHOP, WILLE THOMAS	1.2 NAME	CHRISTINE SPENCER
STREET ADDRESS	800 CALOOSAHATCHEE	1.3 STREET ADDRESS	999 SUWANNEE AVE
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	LaBelle FL 33935
TITLE	D	2.1 TITLE	
NAME	THOMAS, SIS. JACKIE	2.2 NAME	
STREET ADDRESS	946 KISSIMMEE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	TC	3.1 TITLE	
NAME	FLUKER, LINNIE MAE	3.2 NAME	
STREET ADDRESS	270 MARTIN LUTHER KING BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MCKINLEY, SIS. MARY L	4.2 NAME	
STREET ADDRESS	572 MARTIN LUTHER KING BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FORD, CAROLYN J	5.2 NAME	
STREET ADDRESS	510 ELM ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BROWN, DILSEY B.	6.2 NAME	
STREET ADDRESS	790 LINCOLN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L McKinley 3-21-97 941-625-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079474

CR2E037 (9/96)