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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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	Mailing Address
813 FORDSON AVE LABELLE FL 33935	P.O. BOX 719 LABELLE FL 33975 US

3. Date Incorporated or Qualified

01/20/1967

4. FEI Number

65-0040229

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DILSEY B.
790 LINCOLN AVENUE
LABELLE FL 33935**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BISHOP, WILLE THOMAS	
STREET ADDRESS	800 CALOOSAHATCHEE	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SIS. JACKIE	
STREET ADDRESS	946 KISSIMMEE AVENUE	
CITY-ST-ZIP	LABELLE FL	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	FLUKER, LINNIE MAE	
STREET ADDRESS	270 MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	LABELLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKINLEY, SIS. MARY L	
STREET ADDRESS	672 MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, CAROLYN J	
STREET ADDRESS	510 ELM ST	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DILSEY B.	
STREET ADDRESS	790 LINCOLN AVENUE	
CITY-ST-ZIP	LABELLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRISTINE SPENCER	
1.3 STREET ADDRESS	998 S WANNER AVE	
1.4 CITY-ST-ZIP	LABELLE, FL. 33935	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **MARY L. McKinley** 4-24-98 941.635-4571

CR2E037 (10/97)