


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90195 036 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712122**

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

P.O. BOX 719  
 LABELLE FL 33975  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/20/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0040229	
24 Country		29 Country		30 Country	
25		28		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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	Dilsey B. Brown		
82 Street Address (P.O. Box Number is Not Acceptable)	841 Fordson Avenue		
83 City	La Belle		
84 State	FL	85 Zip Code	33935

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 *Dilsey B. Brown*

4-27-99

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

(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	President/Chairman
NAME	BISHOP, WILLE THOMAS	1.2 NAME	Linnie Mae Fluker
STREET ADDRESS	800 CALOOSAHATCHEE	1.3 STREET ADDRESS	270 Martin Luther King Blvd.
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	La Belle, FL 33935
TITLE	D	2.1 TITLE	Vice President/Director
NAME	THOMAS, SIS. JACKIE	2.2 NAME	Sister Jackie Thomas
STREET ADDRESS	946 KISSIMMEE AVENUE	2.3 STREET ADDRESS	946 Kissimmee Avenue
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	La Belle, FL 33935
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	Treasurer/Director
NAME	MCKINLEY, SIS. MARY L	4.2 NAME	Mary L. McKinley
STREET ADDRESS	572 MARTIN LUTHER KING BLVD	4.3 STREET ADDRESS	572 Martin Luther King Blvd.
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	La Belle, FL 33935
TITLE	D	5.1 TITLE	Secretary/Director
NAME	FORD, CAROLYN J	5.2 NAME	Carolyn J. Ford
STREET ADDRESS	510 ELM ST	5.3 STREET ADDRESS	510 Elm St.
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	La Belle, FL 33935
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 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, with all other like empowered.

SIGNATURE: *Handwritten Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

(944) 675-1313

Date

Daytime Phone #

CR2E037 (11/98)