



FILED
May 11, 2005 8:00 am
Secretary of State

DOCUMENT # 712122 1. Entity Name THE APOSTOLIC CHURCH OF PEACE OF LA BELLE, FLORIDA, INCORPORATED				May 11, 2005 8:00 am Secretary of State 05-11-2005 90128 040 ****61.25	
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 813 Fordson Ave.		3. Mailing Address P.O. BOX 719		1st MOORE CR2E037 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. LABELLE FL		4. FEI Number 65-0040229	
City & State LABELLE FL		City & State LABELLE FL		Applied For Not Applicable	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DILSEY B. 841 FORDSON AVE LABELLE FL 33935				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Dilsey B Brown (NOTE: Registered Agent signature required when reinstating) DATE 4-29-05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD MCKINLEY, SIS. MARY L 840 KISSIMMEE AVENUE LABELLE FL 33935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PC ST LOUIS, VIVIAN 585 14TH STREET NORTH NAPLES FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD BROWN, DILSEY B 841 FORDSON AVENUE LABELLE FL 33935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE Dilsey B Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					