2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# 713603

Entity Name: APOSTOLIC PRAISE TABERNACLE, INC.

Current Principal Place of Business:

1131 SW 43RD ST
CAPE CORAL, FL 33714 US

New Principal Place of Business:

6600 PENZANCE BLVD.
FT. MYERS, FL 33912 US

Current Mailing Address:

1131 SW 43RD ST
CAPE CORAL, FL 33914 US

New Mailing Address:

6600 PENZANCE BLVD.
FT. MYERS, FL 33912 US

FEI Number: 59-2390952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, STEPHEN
14736 KIMBERLY LANE
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

KHAN, STEPHEN TRUSTEE
14736 KIMBERLY LANE
FT MYERS, FL 33908 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: STEPHEN KHAN 01/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMMONS, WILLIAM,
Address: 1410-4 PARK SHORE CIR.
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: KHAN, STEPHEN,
Address: 14736 KIMBERLY LANE
City-St-Zip: FT MYERS, FL 00000,

Title: PD ( ) Delete
Name: BRUCE, LESTER,
Address: 1131 SW 43RD ST
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LESTER BRUCE PD 01/13/2004
Electronic Signature of Signing Officer or Director Date