

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713603

FILED
Mar 06, 2009
Secretary of State

Entity Name: APOSTOLIC PRAISE TABERNACLE, INC.

Current Principal Place of Business:

11871 PLANTATION RD.
FT. MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

1131 SW 43RD ST.
CAPE CORAL, FL 33914

New Mailing Address:

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 TRUSTEE
14736 KIMBERLY LANE
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

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 exemption stated in Chapter 119, 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

03/06/2009

Electronic Signature of Signing Officer or Director

Date