

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90445 016 \*\*\*\*70.00

**DOCUMENT # 720971**

1. Entity Name  
**APOSTOLIC EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business  
**6702 N.W. 15TH AVE.  
MIAMI, FL 33147**

Mailing Address  
**6702 N.W. 15TH AVE.  
MIAMI, FL 33147**

**50014911**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**23-7160177**

Applied For  
Not Applicable

-Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DR. GILBERT S.  
6702 NW 15TH AVENUE  
MIAMI, FL 33147**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME SMITH, GILBERT S DR.  
STREET ADDRESS 12705 N.E. 4TH AVE.  
CITY-ST-ZIP N. MIAMI, FL

TITLE D ☐ Change ☒ Addition  
NAME Annie Anglin  
STREET ADDRESS 19624 NW 32nd Ct.  
CITY-ST-ZIP Opa Locka, FL 33056

TITLE D ☐ Delete  
NAME SMITH, TOMMIE L ELDER  
STREET ADDRESS 475 NW 89TH ST.  
CITY-ST-ZIP MIAMI, FL 33150

TITLE D ☐ Change ☒ Addition  
NAME Sharon Ferguson  
STREET ADDRESS 16003 SW 72nd Terr  
CITY-ST-ZIP Miami, FL 33101

TITLE D ☐ Delete  
NAME ALLEN, MICHAEL DEC  
STREET ADDRESS 490 NW 45 AVE  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE D ☐ Change ☒ Addition  
NAME Olrick Johnson  
STREET ADDRESS 7142 NW 16th Ave.  
CITY-ST-ZIP Miami, FL 33147

TITLE VPD ☐ Delete  
NAME SMITH, GENEVA O SIS  
STREET ADDRESS 12705 N.E. 4TH AVE.  
CITY-ST-ZIP N. MIAMI, FL

TITLE D ☐ Change ☒ Addition  
NAME Jerry Johnson  
STREET ADDRESS 3470 NW 176th St.  
CITY-ST-ZIP Miami, FL 33056

TITLE STD ☐ Delete  
NAME LITTLE, TALEZIA  
STREET ADDRESS 1458 NW 99TH ST  
CITY-ST-ZIP MIAMI, FL 33147

TITLE D ☐ Change ☒ Addition  
NAME Lee R. Little  
STREET ADDRESS 1458 NW 99th St.  
CITY-ST-ZIP Miami, FL 33147

TITLE D ☐ Delete  
NAME JOHNSON, BETTY SIS  
STREET ADDRESS 3470 NW 176 ST.  
CITY-ST-ZIP MIAMI, FL 33056

TITLE D ☐ Change ☒ Addition  
NAME Steve Adams  
STREET ADDRESS 6702 NW 15th Ave.  
CITY-ST-ZIP Miami, FL 33147

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dr. Gilbert S. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/18/06*