

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720971

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6702 N.W. 15TH AVE.  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

6702 N.W. 15TH AVE.  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 23-7160177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DR. GILBERT S.  
6702 NW 15TH AVENUE  
MIAMI, FL 33147 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: PD ( ) Delete  
Name: SMITH, GILBERT S DR.  
Address: 12705 N.E. 4TH AVE.  
City-St-Zip: N. MIAMI, FL

Title: D ( ) Delete  
Name: SMITH, TOMMIE L ELDER  
Address: 475 NW 89TH ST.  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: ALLEN, MICHAEL DEC  
Address: 490 NW 45 AVE  
City-St-Zip: PLANTATION, FL 33317

Title: VPD ( ) Delete  
Name: SMITH, GENEVA O SIS  
Address: 12705 N.E. 4TH AVE.  
City-St-Zip: N. MIAMI, FL

Title: STD ( ) Delete  
Name: LITTLE, TALEZIA  
Address: 1458 NW 99TH ST  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: JOHNSON, BETTY SIS  
Address: 3470 NW 176 ST.  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: JOHNSON, OLRICK  
Address: 7142 NW 16TH AVE  
City-St-Zip: MIAMI, FL 33147

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

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: TALEZIA LITTLE

STD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date