2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #724595



Apr 07, 2008 8:00 am Secretary of State

FILED

| 1. Entity Nam APOSTO | | D DEVELOPMENT | | 04-07-2008 : | 90048 0 | 106 ***** | 70.00 | | | | |
|---|---|--|--|--|---|---|---|--------------|----------------------------|-----------------------------|--|
| Principal Place of Business 800 14TH STREET WEST PALM BEACH, FL 33401 | | | Mailing Address 2010 NORMANDY CIRCLE WEST PALM BEACH, FL 33409 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. I | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 04042008 _{CI} | ng-NP | CR2E037 | 7 (12/06) | | | |
| City & State | | | City & State | | | 4. FEI Number 59-150077 | 3 | | | pplied For ot Applicable | |
| Zìp | | | 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 | | | | | | |
| BLUNTSON, LULA M | | | | | Name | | | | | | |
| 2010 NORMANDY CIR WEST PALM BEACH, FL 33409 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City FL Zip Code | | | | | | |
| | named entititions of regist | | the purpose of changing its r | registered o | ffice or register | ed agent, or both, in | the State of Flori | ida. I am fa | amiliar with, | and accept | |
| SIGNATURE | Signature, typed | or printed name of registered agent ar | nd title if applicable. (NOTE: | Registered Age | int signature required | When reinstatura) | | DATE | | | |
| Filing Fee is \$61.25 9. Election Campaign Financing | | | | | | \$5.00 May Be | Ma | | payable to | O., | |
| | _ | flay 1, 2008 | | Trust Fund Contribution. | | | Added to Fees Florida Department of State | | | | |
| TILE . | PD | OFFICERS AND DIRE | ECTORS Delete | 11. | ^ | ADDITIONS/CHANG | ES TO OFFICER | | | | |
| NAME | | ON, LULA M | LI DEIGE | NAME | | | | | Change | ☐ Addition | |
| STREET ADDRESS | 1 | RMANDY CIR | | | | | | | | _ | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33409 | | | STREET AC | DRESS | | | | | _ | |
| TITLE , | | LM BEACH, FL 33409 | | STREET AC CITY-ST- | I | | | | | | |
| NAME | VPD_ | | ☐ Delete | • | I | | | | ☐ Change | ☐ Addition | |
| | JACKSON | N, ELIZABETH B | ☐ Delete | CITY-ST- TITLE NAME | ZIP | | | | ☐ Change | ☐ Addition | |
| STREET ADORESS CITY-ST-ZIP | JACKSON 726 48TH | N, ELIZABETH B | ☐ Delcte | CITY-ST- | ZIP DORESS | | | | ☐ Change | ∏ Addition | |
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| STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | JACKSON 726 48TH WEST PA DST WINGATE 922 30TH | N, ELIZABETH B ST. ILM BEACH, FL 33407 E, MARIAN | | CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC | ZIP DORESS ZIP DORESS | | | | | _ | |
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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 otherwise empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

561) 833-149