2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725884

FILED Apr 20, 2008 Secretary of State

Entity Name: THE FIRST APOSTOLIC CHURCH, INC.

,		TAN GOT GET GITGITGH, INTO	•		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5574 HWY MILTON, FI		}			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 88 (PACE) MIL	6 TON, FL 325	72 US			
FEI Number:	59-2547102	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
WEBB, LAF 5659 BOOK MILTON, FI	(ER ST	3	WEBB, LARRY E 5659 BOOKER ST MILTON, FL 32570	US	
The above in the State	named entity s of Florida.	ubmits this statement for the pเ	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	E: REV LARF			04/20/2008	
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD () HUNT, DUDLEY 6086 SUNNYRIC MILTON, FL 325		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () CAMERON, JER RT. 5, BOX 187 MILTON, FL 325		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () HARRISON, RO' 201 CEDAR ST. MILTON, FL	Delete ⁄ H BRO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () PECK, TRACI 2 SHADY LANE MILTON, FL 325	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MANNING, ALLE 8540 HWY 97A WALNUT HILL, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () LEE, BILLY 777 OLD HWY 9 MILTON, FL 329		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TRACI L PECK SECR 04/20/2008