

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 030 ****61.25

DOCUMENT # 731752

1. Entity Name
THE CHURCH OF THE APOSTLES, INC.

Principal Place of Business: **THE CHURCH OF APOSTLES
 PO BOX 1434
 THONOTOSASSA FL 33592
 US**

Mailing Address: **2913 E. CAYUGA ST
 TAMPA FL 33610**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



40047000



1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE**

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

6. Name and Address of Current Registered Agent
**MITCHELL, IDELLA COLEMAN
 2913 E, CAYUGA ST.
 TAMPA FL 33610**

7. Name and Address of New Registered Agent
 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 *Idella C. Mitchell* DATE 2/26/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature is required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCLAIN, HATTIE M 6455 CANOPY TREE DR TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. MOSES CARTER 8542 Goldridge Ct. TAMPA, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, KATIE B 6807 48TH ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. NAOMI C. CARTER 8542 Gold Ridge Ct. TAMPA, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, BRIDGET D 4602 SNOOK DRIVE TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MITCHELL, IDELLA COLEMAN 4606 29TH STREET TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GADSDEN, TIMOTHY 3140 PINE TOP DR. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC JOHNSON, WILLIE F. 8516 CHINA BERRY DR TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Willie F. Johnson (Director)* WILLIE F. JOHNSON Director 2/26/08