2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2004
Secretary of State

DOCUMENT# 734774

Entity Name: THE APOSTOLIC CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

900 CYPRESS ROAD
P. O. BOX 304
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

900 CYPRESS ROAD
P. O. BOX 304
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-1949965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, HOMER
900 CYPRESS RD.
BOX 304
ST.AUGUSTINE, FL 32085 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: BROWN, HOMER,
Address: 900 CYPRESS RD.
City-St-Zip: ST AUGUSTINE, FL 00000,

Title: T ( ) Delete
Name: BROWN, ANGELA
Address: 2644 ISABELLA AVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: APD ( ) Delete
Name: BROWN, KEITH
Address: 2644 ISABELLA AVE.
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BROWN, HOMER,
Address: 900 CYPRESS RD.
City-St-Zip: ST AUGUSTINE, FL 32086, FL

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

Title: PD (X) Change ( ) Addition
Name: BROWN, KEITH
Address: 2644 ISABELLA AVE.
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH BROWN PD 02/29/2004

Electronic Signature of Signing Officer or Director — Date