

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 735656**

1. Entity Name  
**APOSTOLIC PENTECOSTAL CHURCH, INCORPORATED**



Principal Place of Business  
**2150 CURTIS MILL RD  
SOPCHOPPY, FL 32358-731 US**

Mailing Address  
**1845 CURTIS MILL RD  
SOPCHOPPY, FL 32358-6731 US**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1715685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THOMPSON, ROBERT  
1845 CURTIS MILL RD  
SOPCHOPPY, FL 32358**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMPSON, ROBERT 1845 CURTIS MILL RD SOPCHOPPY FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MONROE 1888 CURTIS MILL RD SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MITCHELL 74 CHRISTY LANE SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAUGHTRY, LESTER 207 DAUGHTRY DR SOPCHOPPY FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80028-005 61.25

**DO NOT WRITE  
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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 other like empowered.

**SIGNATURE:**

*Robert Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #