


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 022 ****61.25

DOCUMENT # 744572 1. Entity Name LANDMARK APOSTOLIC CHURCH, INC.	
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Principal Place of Business 3400 N.W. 94TH AVENUE COOPER CITY FL 33024	Mailing Address 3400 N.W. 94TH AVENUE COOPER CITY FL 33024
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1876464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARCHER, KEVIN 3400 NW 94TH AVE COOPER CITY FL 33024	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LINDENBERGER, PAUL 1010 N. 74 TERRACE HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Kevin L. Archer 11215 SW 59 th Street Cooper City, FL 33330
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T STEPP, GREGORY 13290 SW 16TH CT. DAVIE FL 33325	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D John Cutlip 8350 Berkley Dr. Davie, FL 33324
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRYANT, CHARLES 7512 HAYES ST HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GILMORE, RANDY 4513 SW 27TH AVE DANIA FL 33312	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEDGOOD, JERRY 8900 NW 21ST CT PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WARD, MICHAEL H 3400 NW 94TH AVE. HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<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 reports 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:  **KEVIN ARCHER** 2/7/07 951-437-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #