


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

FILED
May 07, 2008 08:00 AM
Secretary of State

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent ARCHER, KEVIN 3400 NW 94TH AVE COOPER CITY FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-designating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	U00000949463
NAME	ARCHER, KEVIN L <input type="checkbox"/> Delete	NAME	06/03/08-80030-008 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11215 SW 59TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33330	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLIE, JOHN	NAME	
STREET ADDRESS	8350 BERKLEY DR	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CHARLES	NAME	
STREET ADDRESS	7512 HAYES ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, RANDY	NAME	
STREET ADDRESS	4513 SW 27TH AVE	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33312	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDGOOD, JERRY	NAME	
STREET ADDRESS	8900 NW 21ST CT	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MICHAEL H	NAME	
STREET ADDRESS	3400 NW 94TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	

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:  5-1-08 954-437-3400