

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

DOCUMENT# 756772

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** FAITH APOSTOLIC CHURCH INC. OF NAPLES, FLORIDA

**Current Principal Place of Business:**

% LARRY G SIMS  
3196 COUNTY BARN ROAD  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

% LARRY G SIMS  
3196 COUNTY BARN ROAD  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 59-1754556      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIMS, LARRY G  
3916 COUNTY BARN ROAD  
NAPLES, FL 34112    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: VD      ( ) Delete  
Name: HAMEL, PHILLIP P.T.  
Address: 4779 32ND AVENUE SW  
City-St-Zip: NAPLES, FL 34116

Title: PD      ( ) Delete  
Name: SIMS, LARRY G,  
Address: 3196 COUNTY BARN RD  
City-St-Zip: NAPLES, FL 34112

Title: ST      ( ) Delete  
Name: CONYER, ELIZABETH  
Address: 3650 1ST AVE SW  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY G. SIMS

PD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date