## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756772** 

FILED Mar 04, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

SIMS, LARRY G SIMS, LARRY G P
3916 COUNTY BARN ROAD
NAPLES, FL 34112 US SIMS, LARRY G P
3916 COUNTY BARN ROAD
NAPLES, FL 34112 US

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: LARRY G. SIMS 03/04/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 HAMEL, PHILLIP P.T.
 Name:
 HAMEL, PHILLIP P

 Address:
 4779 32ND AVENUE SW
 4779 32ND AVENUE SW

 Address:
 4779 32ND AVENUE SW
 Address:
 4779 32ND AVENUE SW

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: SIMS, LARRY G, Name:

 Address:
 3196 COUNTY BARN RD
 Address:

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 CONYER, ELIZABETH
 Name:

 Address:
 3650 1ST AVE SW
 Address:

 City-St-Zip:
 NAPLES, FL 34117
 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 03/04/2008