


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 037 \*\*\*\*70.00

<b>DOCUMENT #</b> N00000006202	
<b>1. Entity Name</b> THE CHURCH OF THE HOLY BIBLE (APOSTOLIC), INC.	

<b>Principal Place of Business</b> 6050 BABCOCK ST. SE SUITE #20 PALM BAY FL 32909	<b>Mailing Address</b> 1554 NONA STREET NE PALM BAY FL 32907
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<b>2. Principal Place of Business</b> 1949 SAN FILIPPO DR. SE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1601 MORLEY ST. SE. Suite, Apt. #, etc.
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<b>City &amp; State</b> PALM BAY, FLORIDA <b>Zip</b> 32909 <b>Country</b> USA	<b>City &amp; State</b> PALM BAY, FLORIDA <b>Zip</b> 32909 <b>Country</b> USA
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1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-3671199	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="radio"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> O'MEALLY, COLIN G 1554 NONA STREET NE PALM BAY FL 32907	
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> COLIN G. O'MEALLY <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1601 MORLEY STREET, S.E. <b>City</b> PALM BAY <b>FL</b> <b>Zip Code</b> 32909	

**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** Colin O'Meally **DATE** 04/18/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> O'MEALLY, COLIN G <b>STREET ADDRESS</b> 1554 NONA ST NE <b>CITY-ST-ZIP</b> PALM BAY FL 32907	<input type="checkbox"/> Delete	<b>TITLE</b> <u>address change only</u> <b>NAME</b> → 1601 MORLEY STREET, S.E. <b>STREET ADDRESS</b> PALM BAY, FL. 32909 <b>CITY-ST-ZIP</b>	<input checked="" type="radio"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> O'MEALLY, JOYCE E <b>STREET ADDRESS</b> 1554 NONA ST NE <b>CITY-ST-ZIP</b> PALM BAY FL 32907	<input type="checkbox"/> Delete	<b>TITLE</b> <u>address change only</u> <b>NAME</b> → 1601 MORLEY STREET, S.E. <b>STREET ADDRESS</b> PALM BAY, FL. 32909 <b>CITY-ST-ZIP</b>	<input checked="" type="radio"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> O'MEALLY, COLIN G <b>STREET ADDRESS</b> 1554 NONA ST NE <b>CITY-ST-ZIP</b> PALM BAY FL 32907	<input type="checkbox"/> Delete	<b>TITLE</b> <u>address change only</u> <b>NAME</b> → 1601 MORLEY STREET, S.E. <b>STREET ADDRESS</b> PALM BAY, FL. 32909 <b>CITY-ST-ZIP</b>	<input checked="" type="radio"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> RAYNOR, BARBARA E <b>STREET ADDRESS</b> 1245 PALM BAY ROAD NE APT O-204 <b>CITY-ST-ZIP</b> PALM BAY FL 32905	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> HENRY-DAVIS, ZELMA M <b>STREET ADDRESS</b> 611 AMERICANA BLVD NE <b>CITY-ST-ZIP</b> PALM BAY FL 32907	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> CLIFTON A. CRANSTON <b>STREET ADDRESS</b> 1265 ASHBORO CIRCLE S.E. <b>CITY-ST-ZIP</b> PALM BAY, FLORIDA 32909	<input type="checkbox"/> Change <input checked="" type="radio"/> Addition
<b>TITLE</b> D <b>NAME</b> BARNES, VERNICE <b>STREET ADDRESS</b> 1072 TAHITI AVE. SE <b>CITY-ST-ZIP</b> PALM BAY FL 32909	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> CARLTON SWABY <b>STREET ADDRESS</b> 1800 DALROY STREET N.W. <b>CITY-ST-ZIP</b> PALM BAY, FLORIDA 32907	<input type="checkbox"/> Change <input checked="" type="radio"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Colin O'Meally, President **DATE** 04/18/05 **Daytime Phone #** 321 722 9637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR