

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005861

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE FIRST APOSTOLIC CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

440 WEST ORANGE AVE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

PO BOX 690
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 59-3690819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARK D
694 BALDWIN AVE STE 1
DEFUNIAK SPRINGS, FL 32435 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: DP () Delete
Name: KING, DAVID W
Address: 142 HURLEY DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DST () Delete
Name: ROBERTS, PAULINE H
Address: 90 CHAFFIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: GARDEN, HAMILTON
Address: 84 SIBELIUS DC.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: RUSHING, HILTON R
Address: 252 NORTH 5TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: BUSH, JAMES G
Address: 130 ALTHEA LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: OWENS, DERWOOD
Address: 446 OAK RIDGE CEMETARY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GORDEN, HAMILTON
Address: 84 SIBELIUS DC.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: DAVID W. KING

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date