2006

5/17/2005-90012-049-$61.25-$61.25

[redacted] NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

06 JUN -6 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

660247688

DOCUMENT # N01000007466

1. Entity Name

APOSTOLIC PLAIN TRUTH CHURCH OF OUR LORD JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
2135 UNION ST TAMPA FL 33607	2218 NORTH GRADY AVE TAMPA FL 33607

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3753339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JOHN B 2135 UNION ST TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP ROBINSON, ARTHUR L 2218 N GRADY AVE TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800076155058 06/13/06--01037--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, JOHN B 2135 UNION ST TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STEPHENS, CHARLES 1314 CHURCH ST PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CONDRY, EDDIE 2006 E HANNA ST TAMPA FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2c 6/9 ☐ Change ☐ 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: Arthur P Robinson 5-30-06
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON) OFFICER OR DIRECTOR — Date — Daytime Phone #

Signature on original;