


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90045 011 \*\*\*\*61.25

<b>DOCUMENT # N01000007466</b> 1. Entity Name <b>APOSTOLIC PLAIN TRUTH CHURCH OF OUR LORD JESUS CHRIST, INC.</b>					
Principal Place of Business <b>2135 UNION ST TAMPA, FL 33607</b>			Mailing Address <b>2218 NORTH GRADY AVE TAMPA, FL 33607</b>		
2. Principal Place of Business - No P.O. Box # <b>2218 N. Grady Av</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>TAMPA, FL</b>			City & State		
Zip <b>33607</b>			Country <b>Hillsborough</b>		
4. FEI Number <b>59-3753339</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN B 2135 UNION ST TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>Arthur L. Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2218 North Grady Av</b> City <b>TAMPA</b> FL Zip Code <b>33607</b>		
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 <u>Arthur L. Robinson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ROBINSON, ARTHUR L 2218 N GRADY AVE TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, JOHN B 2135 UNION ST TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Kenneth Foddrell 509 OAK ST Fort Gordon, GA 30905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEPHENS, CHARLES 1314 CHURCH ST PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S JOHN WILLIAMS 1699 MISSION OAKS ST KANNAPOLIS, NC 28083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CONDRIY, EDDIE 2006 E HANNA ST TAMPA, FL 33030	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T FLORA ROBINSON 2218 N. GRADY AV TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Arthur L. Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					