

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007466

FILED
Apr 05, 2009
Secretary of State

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

Current Principal Place of Business:

2218 N GRADY AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2218 NORTH GRADY AVE
TAMPA, FL 33607

New Mailing Address:

2218 N GRADY AVE
TAMPA, FL 33607

FEI Number: 59-3753339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ARTHUR L
2218 N GRADY AVE
TAMPA, FL 33607 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: DCP () Delete
Name: ROBINSON, ARTHUR L
Address: 2218 N GRADY AVE
City-St-Zip: TAMPA, FL 33607

Title: DV () Delete
Name: FEDDRELL, KENNETH
Address: 509 OAK ST
City-St-Zip: AUGUSTA, GA 30905

Title: DS () Delete
Name: WILLIAMS, JOHN
Address: 1699 MISSION OAKS ST
City-St-Zip: KANNAPOLIS, NC 28083

Title: DT () Delete
Name: ROBINSON, FLORA
Address: 2218 N GRADY AVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: M/V (X) Change () Addition
Name: SHAKESPEAR, LOISTINE
Address: 6863 MOONLIGHT DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

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: JOHN WILLIAMS

S/D

04/05/2009

Electronic Signature of Signing Officer or Director

Date