

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003418

FILED  
May 07, 2009  
Secretary of State

Entity Name: APOSTLE NANCY COTTRELL MINISTRIES, INC.

**Current Principal Place of Business:**

220 POND STREET  
CENTURY, FL 32535

**New Principal Place of Business:**

220 POND STREET  
CENTURY, FL 32535 US

**Current Mailing Address:**

PO BOX 834  
CENTURY, FL 32535

**New Mailing Address:**

PO BOX 834  
CENTURY, FL 32535 US

FEI Number: 03-0444433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COTTRELL, NANCY  
220 POND STREET  
CENTURY, FL 32535 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: P ( ) Delete  
Name: COTTRELL, NANCY  
Address: 6941 JEFFERSON CIRCLE  
City-St-Zip: CENTURY, FL 32535

Title: S ( ) Delete  
Name: MACARTHUR KING, PAMELA  
Address: 304 E. POND STREET  
City-St-Zip: CENTURY, FL 32535

Title: T ( ) Delete  
Name: FRANKLIN BROWN, CYNTHIA  
Address: 60 GREEN STREET  
City-St-Zip: CENTURY, FL 32535

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PAMELA MACARTHUR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CES

05/07/2009

\_\_\_\_\_ Date