

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009400

FILED
Apr 30, 2007
Secretary of State

Entity Name: APOSTOLIC ENRICHMENT CENTER INC

Current Principal Place of Business:

6707 NW 15TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

6707 NW 15TH AVE.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 45-0526398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GILBERT
6707 NW 15TH AVE.
MIAMI, FL 33142 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: SMITH, GILBERT
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CARAWAY, TANDY
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: LITTLE, TALEZIA
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: SMITH, TOMMIE
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: SMITH, GENEVA
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: ADAMS, ANTONETTE
Address: 6707 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

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:

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: GILBERT SMITH

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date