

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004262

FILED
Apr 05, 2005
Secretary of State

Entity Name: PROPHETIC APOSTOLIC CHURCH COVERING INC.

Current Principal Place of Business:

4612 FRISCO CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

2630 LEDGEMONT CT
CLERMONT, FL 34711

Current Mailing Address:

4612 FRISCO CIRCLE
ORLANDO, FL 32808

New Mailing Address:

2630 LEDGEMONT CT
CLERMONT, FL 34711

FEI Number: 86-1104393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMONIA, HENRIETTA R
4612 FRISCO CIRCLE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

DEMONIA, HENRIETTA R
2630 LEDGEMONT CT
CLERMONT, FL 34711 US

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: HENRIETTA DEMONIA

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMONIA, HENRIETTA R
Address: 4612 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: DEMONIA, WILLIE R
Address: 4612 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: XO () Delete
Name: KNOWLES, THELMA
Address: 5206A WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEMONIA, HENRIETTA R
Address: 2630 LEDGEMONT CT
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: DEMONIA, WILLIE R
Address: 2630 LEDGEMONT CT
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRIETTA DEMONIA

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date