



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004179						FILED 06 APR 26 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name EASTERN AND GULF REGION BOARD OF APOSTLES, INC.							
Principal Place of Business 252 AVE. E PORT ST. JOE., FL 32456		Mailing Address 252 AVE. E PORT ST. JOE., FL 32456					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PITTMAN, NAPOLEON 760 BORDERS RD. WEWAHITCHKA, FL 32465				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITTMAN, NAPOLEON 252 AVE. E PORT ST. JOE., FL 32456 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RUDOLPH, DONALD JR. 252 AVE. E PORT ST. JOE., FL 32456 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MOSES, WILLIAM 252 AVE. E PORT ST. JOE., FL 32456 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITTLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-26-06</u> Daytime Phone # _____			