

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004179

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

**FILED**

08 APR 28 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0439413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PITTMAN, NAPOLEON  
760 BORDERS RD.  
WEWAHITCHKA, FL 32465

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PITTMAN, NAPOLEON  
252 AVE. E  
PORT ST. JOE., FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
RUDOLPH, DONALD JR.  
252 AVE. E  
PORT ST. JOE., FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MOSES, WILLIAM  
252 AVE. E  
PORT ST. JOE., FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300126396853  
04/29/08--01001--012 \*\*70.00

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IN THIS SPACE**

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:

*Napoleon Pittman* 4-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 648-8147