

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004179

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** EASTERN AND GULF REGION BOARD OF APOSTLES, INC.

**Current Principal Place of Business:**

252 AVE. E  
PORT ST. JOE., FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 87  
PORT ST. JOE., FL 32457

**New Mailing Address:**

**FEI Number:** 83-0439413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PITTMAN, NAPOLEON  
760 BORDERS RD.  
WEWAHITCHKA, FL 32465 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:** DP  
**Name:** PITTMAN, NAPOLEON  
**Address:** 252 AVE. E  
**City-St-Zip:** PORT ST. JOE., FL 32456

**Title:** DVPS  
**Name:** RUDOLPH, DONALD JR.  
**Address:** 252 AVE. E  
**City-St-Zip:** PORT ST. JOE., FL 32456

**Title:** DVT  
**Name:** MOSES, WILLIAM  
**Address:** 252 AVE. E  
**City-St-Zip:** PORT ST. JOE., FL 32456

I hereby 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 all other like empowered.

**SIGNATURE:** NAPOLEON PITTMAN

DP

04/23/2012

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

\_\_\_\_\_  
Date