2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N05000011332

Entity Name: APOSTOLIC ASSOCIATION OF RELATED MINISTERS, INC.

Current Principal Place of Business:

339 SHANNON COURT NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1141
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-3718746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DRIVE
PENSACOLA, FL 32507 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: PD ( ) Delete
Name: SUDDUTH, WILLIAM M
Address: 339 SHANNON COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD ( ) Delete
Name: LIPSCOMB, BUFORD M
Address: 16461 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: RICE, RONALD A
Address: 5486 KEEL DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: SUDDUTH, JANET M
Address: 339 SHANNON COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD ( ) Delete
Name: WEAVER, WESLEY J
Address: 609 DUNDEE DRIVE
City-St-Zip: PENSACOLA, FL 32507

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M SUDDUTH PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date