


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/1 **FILED**
Aug 29, 2008 8:00 am
Secretary of State

07-14-2008 90031 014 ****70.00

DOCUMENT # N06000004130

1. Entity Name
**JERUSALEM APOSTOLIC PENTECOSTAL OUTREACH
 LIFELINE MINISTRIES, INC.**



Principal Place of Business
**1520 MAGGIE LANE
 TALLAHASSEE, FL 32308**

Mailing Address
**1520 MAGGIE LANE
 TALLAHASSEE, FL 32308**

2. Principal Place of Business - No P.O. Box #
Jerusalem Apostolic

3. Mailing Address
1520 Maggie Lane

Suite, Apt. #, etc.

City & State
Tallahassee Fl

City & State
Tallahassee Fl


Zip
32308

Country
Leon

Zip
32308

Country
Leon

00016162



07082008 Chg-NP CR2E037 (12/06)

4. FEI Number **9-3837370** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**NORAN, MARY ANN
 4106 N. 22ND STREET
 TAMPA, FL 33610**

7. Name and Address of New Registered Agent

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 *Maggie Dain* *Mary Ann* **7/8/08**

Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by: September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAINES, MAGGIE 8594 ROQUEL LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNLAP, VERNON 8594 ROQUEL LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: *Maggie Dain* **7/8/08** **850-4597529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #