

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 Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 9-3837370	
Zip 32308		Country Leon		APPLIED FOR	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$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: <i>Maggie Dain</i> <i>Noran Mary Ann</i> 7/8/08 <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by: September 12, 2008		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAINES, MAGGIE <input type="checkbox"/> Delete 8594 ROQUEL LANE TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DUNLAP, VERNON <input type="checkbox"/> Delete 8594 ROQUEL LANE TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <i>Maggie Dain</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/8/08 850-4597529 <small>Date Daytime Phone #</small>	