## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004507

FILED Jaņ 0<u>9, 2</u>008 Secretary of State

Entity Name: CHURCH OF GOD OF THE APOSTLES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4670 LIPSCOMB SUITE 1 PALM BAY, FL 32905 **New Mailing Address: Current Mailing Address:** 4670 LIPSCOMB SUITE 1 PALM BAY, FL 32905 FEI Number: 72-1610147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOKE, JOSEPH E PASTOR 1103 VÉNUS STREET SE PALM BAY, FL 32909 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PAST () Change () Addition () Delete COOKE, JOSEPH E Name: Name: 1103 VENUS STREET SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: TREA () Delete Title: TREA (X) Change ( ) Addition FRANCIS, SHIRLEY Name: COOKE, AGNELLA Name: Address: 2124 FALLON BLVD Address: 1103 VENUS STREET SE City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32909 Title: SECT () Delete Title: () Change () Addition COOKE, AGNELLA M Name: Name: Address: 1103 VENUS ST Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: **TRUS** ( ) Delete Title: () Change () Addition Name: WHITE, BERYL Name: Address: 1620 VISTA LAKE Address: City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AGNELLA COOKE SECT 01/09/2008