2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N06000012327

Entity Name: APOSTOLIC ASSEMBLIES INC

Current Principal Place of Business:

9427 SE MARICAMP RD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

26 PECAN DRIVE PASS
OCALA, FL 34472

New Mailing Address:

56 PECAN RUN COURSE
OCALA, FL 34472

FEI Number: 45-0563704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBS, LEROYAL J
26 PECAN DRIVE PASS
OCALA, FL 34472 US

Name and Address of New Registered Agent:

JACOBS, LEROYAL J
56 PECAN RUN COURSE
OCALA, FL 34472 US

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: _____ 05/21/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANDERS, JAMIL A
Address: 1702 MEADOW ST
City-St-Zip: PHILADELPHA, PA 19124

Title: S ( ) Delete
Name: JACOBS, ALLISON E
Address: 26 PECAN DRIVE PASS
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete
Name: GRIFFIN, JOSEPHINE
Address: 409 FOLSON PL
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: JACOBS, ALLISON E
Address: 56 PECAN RUN COURSE
City-St-Zip: OCALA, FL 34472

Title: ( ) Change ( ) Addition
Name:
Address:
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: ALLISON G. JACOBS S 05/21/2008
Electronic Signature of Signing Officer or Director — Date