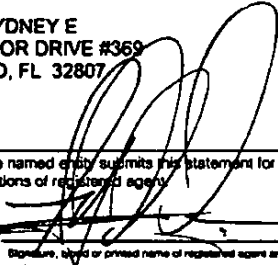
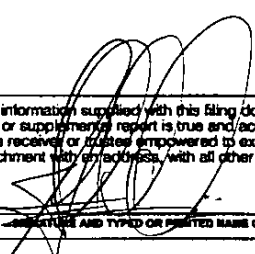


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

04-30-2007 90418 047 ****70.00

DOCUMENT # N06000012760					
1. Entity Name COUNCIL OF APOSTLES, PROPHETS AND ELDERS, INC.					
Principal Place of Business 2284 GATOR DRIVE #369 ORLANDO, FL 32807			Mailing Address 2284 GATOR DRIVE #369 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAIR, SYDNEY E 2284 GATOR DRIVE #369 ORLANDO, FL 32807				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 				Sydney E. Stair, President 4/23/2007	
Filing Fee is \$61.25 Due by May 1, 2007				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					
TITLE	D ☐ Delete				
NAME	STAIR, SYDNEY E				
STREET ADDRESS	2284 GATOR DRIVE #369				
CITY- ST- ZIP	ORLANDO, FL 32807				
TITLE	D ☐ Delete				
NAME	ALOMAR, LIZ M				
STREET ADDRESS	2284 GATOR DRIVE #369				
CITY- ST- ZIP	ORLANDO, FL 32807				
TITLE	D ☐ Delete				
NAME	RODRIGUEZ, AIDA M				
STREET ADDRESS	2284 GATOR DRIVE #369				
CITY- ST- ZIP	ORLANDO, FL 32807				
TITLE	D ☐ Delete				
NAME	STAIR, YDSIA				
STREET ADDRESS	2284 GATOR DRIVE #369				
CITY- ST- ZIP	ORLANDO, FL 32807				
TITLE	D ☐ Delete				
NAME	VAZQUEZ, SILVINA				
STREET ADDRESS	1500 CARR. #19 #K-204				
CITY- ST- ZIP	GUAYNABO, PUERTO RICO 00966,				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					