2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000012760

Entity Name: COUNCIL OF APOSTLES, PROPHETS AND ELDERS, INC.

Current Principal Place of Business:

14071 GOLDEN RAIN TREE BLVD
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

PO BOX 570344
ORLANDO, FL 32857

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, DELMY M
14071 GOLDEN RAIN TREE BLVD
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	STAIR, SYDNEY E	
Address:	#4 CALLE PRINCIPAL LOMAS DEL SOL	
City-St-Zip:	GUAYNABO, PR 00969	
Title:	D	( ) Delete
Name:	ALOMAR, LIZ M	
Address:	#39 CALLE CARAZO	
City-St-Zip:	GUAYNABO, PR 00970	
Title:	D	( ) Delete
Name:	RODRIGUEZ, AIDA M	
Address:	2284 GATOR DRIVE #369	
City-St-Zip:	ORLANDO, FL 32807	
Title:	D	( ) Delete
Name:	STAIR, YDSIA	
Address:	#4 CALLE PRINCIPAL LOMAS DEL SOL	
City-St-Zip:	GUAYNABO, PR 00969	
Title:	D	( ) Delete
Name:	VAZQUEZ, SILVINA	
Address:	1500 CARR. #19 #K-204	
City-St-Zip:	GUAYNABO, PUERTO RICO 00966,	
Title:	D	( ) Delete
Name:	RAMOS, DELMY M	
Address:	14071 GOLDEN RAIN TREE BLVD	
City-St-Zip:	ORLANDO, FL 32828	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: YDSIA STAIR D 04/29/2009

Electronic Signature of Signing Officer or Director — Date