2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # N06037 1. Entity Name 04-12-2006 90104 025 ****61.25 VENICE APOSTOLIC UNITED PENTECOSTAL CHURCH, Principal Place of Business Mailing Address % EDGIL HALL 2235 SEABOARD AVENUE VENICE FL 34293 % EDGIL HALL 2235 SEABOARD AVENUE VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2469635 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, EDGIL Street Address (P.O. Box Number is Not Acceptable) 380 DORCHESTER DR VENICE FL 33595 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete THEF ☐ Change ☐ Addition WAGONER, OSCAR NAME NAME STREET ADDRESS 5439 SYLVANIA DR. STREET ADDRESS NORTH PORT FL CITY-ST-ZIP CITY-ST-ZIP STANKLY COLa-5189 Lacopa St Delete Change ☐ Addition NAME VOHASKA, MICHAEL 1005 SQUAW VALLEY STREET ADDRESS STREET ADDRESS North Port, FL 34287 VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP PD Delete Change TITLE TITLE ☐ Addition HALL, EDGIL NAME NAME STREET ADDRESS 380 DORCHESTER DR STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME CHURCH, CAROLINE NAME STREET ADDRESS 1315 8TH ST STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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.

ilfelf/tresident Edgil HaLL 4-4-04-944493-0492 SIGNATURE: