

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N06463

**Entity Name:** THE APOSTOLIC PENTECOSTAL CHURCH OF LUTZ, FLORIDA, INC.

**Current Principal Place of Business:**

102 LAKE HOBBS ROAD  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

102 LAKE HOBBS ROAD  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 14-1908603      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRUMMOND, THOMAS L  
102 LAKE HOBBS ROAD  
LUTZ, FL 33548    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: PD ( ) Delete  
Name: DRUMMOND, THOMAS  
Address: 102 LAKE HOBBS RD.  
City-St-Zip: LUTZ, FL

Title: SD ( ) Delete  
Name: OBRIEN, FRANK  
Address: 13909 BITTERSWEET WAY  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: HARRIS, GAINES D  
Address: 22938 EAGLES WATCH DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS L. DRUMMOND

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date