

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 09, 2007  
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** ( )  
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:**

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

DRUMMOND, THOMAS L  
102 LAKE HOBBS ROAD  
LUTZ, FL 33548    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: THOMAS DRUMMOND

PD

05/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date