2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001587

Apr 30, 2008 Secretary of State

Entity Name: THE APOSTOLIC AND PROPHETIC CHIEF CORNER STONE ASSOCIATION OF CHRISTIANS

CHURCHES, INC.

Current Principal Place of Business: New Principal Place of Business:

901 S. PERSIMMONS AVE SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

901 S. PERSIMMONS AVE SANFORD, FL 32771

FEI Number: 33-1154261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HORNE, CHARLES E 901 S. PERSIMMONS AVE SANFORD, FL 32771

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:

() Delete () Change () Addition HORNE, CHARLES E Name: Name: 901 S. PERSIMMONS AVE Address: Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, ALFRED L Name: Name: Address: 724 BAYWOOD CIRCLE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: () Change () Addition WASHINGTON, MARCELLA Name: Name: Address: 1010 BLAKE ST Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HORNE, ROSE Name: Address: 225 YALE DRIVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32771 City-St-Zip: Title: () Delete Title: () Change () Addition WARE, RENE Name: Name: 724 BAY WOOD CIRCLE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: (X) Change () Addition

DIXON, FARNK HORNE, ROLANDA T Name: Name: Address: 1627 GLENDALE RD Address: 4354 KIRKLAND BLVD. ORLANDO, FL 32808 ORLANDO, FL 32811 City-St-Zip: 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: CHARLES E. HORNE Ρ 04/30/2008