

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003875

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE NEW ST. PETER'S APOSTOLIC CHURCH INC.

**Current Principal Place of Business:**

6429 N ORAN ST  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6429 N ORAN ST  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 64-0958605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER-JORDAN, LUCY M  
6429 N ORAN ST  
TAMPA, FL 33610 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: PTM ( ) Delete  
Name: JORDAN, STEVEN C SR  
Address: 6429 N ORAN ST  
City-St-Zip: TAMPA, FL 33610

Title: VTD ( ) Delete  
Name: WALKER-JORDAN, LUCY M PASTOR  
Address: 6429 N ORAN ST  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BATTLE, JOHN BISHOP  
Address: 243 BLOUNT ROAD  
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete  
Name: WALTER, ERICA  
Address: 6429 N ORAN STREET  
City-St-Zip: TAMPA, FL 33610

**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:

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: LUCY M. WALKER-JORDAN

VTD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date