

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009108

FILED
Jan 18, 2012
Secretary of State

Entity Name: APOSTOLIC LIFE CENTER, INC.

Current Principal Place of Business:

2443 OWLS HEAD ROAD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2443 OWLS HEAD ROAD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 45-3436316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTAGUE, MICHAEL
81 TICKLE RIDGE CIRCLE
CRAWFORDVILLE, FL 32327 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: P
Name: MONTAGUE, MICHAEL PASTOR
Address: 81 TICKLE RIDGE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: GRANGER, FEDDIE
Address: POST OFFICE BOX 5191
City-St-Zip: TALLAHASSEE, FL 32314

Title: D
Name: COX, BELINDA
Address: 2443 OWLS HEAD ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD
Name: KEARSE, FRED
Address: 3359 OLD FEDERAL ROAD
City-St-Zip: QUINCY, FL 32351

Title: D
Name: GRANGER, DANNY
Address: POST OFFICE BOX 5191
City-St-Zip: TALLAHASSEE, FL 32314

I hereby 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 all other like empowered.

SIGNATURE: BELINDA COX

D

01/18/2012

Electronic Signature of Signing Officer or Director

Date