# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N30193

**Entity Name:** APOSTOLIC FAITH TEMPLE, INCORPORATED

**Current Principal Place of Business:**

300 MILFORD PLACE
NEW SMYRNA BCH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 MILFORD PLACE
PO BOX 2819
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

PO BOX 2819
NEW SMYRNA BEACH, FL 32170

**FEI Number: 59-3021677** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PETERSON, SID C. JR.
418 CANAL STREET
NEW SMYRNA BEACH, FL 32069 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: D ( ) Delete
Name: THOMAS, ROBERT B.,
Address: 390 HOWARD AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D ( ) Delete
Name: LAWSON, JOHN HENRY,
Address: 546 GREENLAWN TERRACE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D ( ) Delete
Name: GRAHAM, NATHANIEL
Address: 2115 SABAL PALM DR.
City-St-Zip: EDGEWATER, FL

Title: D ( ) Delete
Name: CARSON, WILLIE,
Address: 409 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL

**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: ROBERT B THOMAS PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date