

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001766 (5)

1. Corporation Name

THE APOSTLE AND PROPHET MINISTRY INC.



Principal Place of Business

Mailing Address

3082 AVE V. NW
WINTER HAVEN FL 33881
US

3082 AVE V N.W.
WINTER HAVEN FL 33881
US

3. Date Incorporated or Qualified **04/19/1993** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business 2a. Mailing Address
21 **6326 Brahman Dr.** 26 **6326 Brahman Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3037357** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Lake land, FL.** 28 **Lake land FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33809** 25 Country **U.S.** 29 Zip **33809** 30 Country **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLER, PAUL R.
1906 CASCO ST.
LAKELAND FL 33801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, DAVID E.	
STREET ADDRESS	120 ARIANA PLACE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLER, PAUL R.	
STREET ADDRESS	1906 CASCO ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOLLER, ALLEN L	
STREET ADDRESS	3082 AVE V. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	Holler, Allen L.
3.4 CITY-ST-ZIP	6326 BRAHMAN DR. LAKE LAND FL. 33809
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300001746603
4.4 CITY-ST-ZIP	-03/18/96--01040--014 ***70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen L. Holler Allen L. Holler 2-7-96 (941)859-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Handwritten signature and date: 3-16-96