FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001766 (5)

THE APOSTLE AND PROPHET MINISTRY INC.

FILED Apr 17 1998 8:00am Secretary of State

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				<u> </u>	ALIN ODJET FROM IDDIO BENED DIE 1881
Principal Place	of Business	Mailing Address			
6326 BRAHMAN DR. LAKELAND FL 33809		8326 BRAHMAN DR. Lakeland Fl. 33809		3. Date Incorporated or Qualified 04/19/1993	
				4. FEI Number	Applied For
9 Dringing D	ace of Business	2a. Malling Address		59-3037357	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	r, etc.	Suite, Apt. #, etc.		8. Election Campaign Financing	\$5.00 May Be
22		City & State		Trust Fund Contribution	7,000,000
City & State)	28		7. Is this nonprofit corporation a homeo	whers association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	30	Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name	cott A. Hooten	
HOLLER	, PAUL R.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
6326 BR	AHMAN DR.			695 Lake Bussu	m Rd. N.
LAKELA	NO FL 33810		83		
			84 City		85 Zip Code
			1 1 2	Meade	-
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statutes	s, the above-named con	rporetion submits this statement for the purpo- tation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	n laprilliar with, and accept the obl	ligations of, Section 617.0503, Flori	ida Otatores	11	A C. C.
SIGNATURE	SOM I A HOCK		-1091 // -	11000	- 8-98
	Signature, typed or printed name of registered of	agent and little if applicable (NOTE AND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	NIC
12.	PD OFFICERS A	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BOYD, DAVID E.	L. Vicere	1.2 NAME		
STREET ADDRESS	120 ARIANA PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLLER, GERALD A	_	2.2 NAME		
STREET ADDRESS	3082 AVE V N.W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	HOLLER, ALLEN L		3.2 NAME		
STREET ADDRESS	6326 BRAHMAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Ohanna Daddistan
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		T prieve	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		CHOOMING CHANGING
NAME	li:		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		and a state of the design of the

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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

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