

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001766

1. Entity Name

THE APOSTLE AND PROPHET MINISTRY INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90081 017 ****69.00

Principal Place of Business 6326 BRAHMAN DR. LAKELAND FL 33809 US	Mailing Address 6326 BRAHMAN DR. LAKELAND FL 33810-3223 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3037357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOTEN, SCOTT
6695 LAKE BUFFUM ROAD, NORTH
FORT MEADE FL 33841

7. Name and Address of New Registered Agent

Name **Hooten, Scott**
 Street Address (P.O. Box Number is Not Acceptable) **3920 WATERVIEW DR**
 City **LAKELAND** FL Zip Code **33810**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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, GERALD A	
STREET ADDRESS	3082 AVE V N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLLER, ALLEN L	
STREET ADDRESS	6326 BRAHMAN DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen Holler ALLEN HOLLER 4/23/00 863-859-0274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)