

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90181 047 \*\*\*\*61.25

**DOCUMENT # N93000001766**

1. Entity Name

**THE APOSTLE AND PROPHET MINISTRY INC.**

Principal Place of Business

Mailing Address

6326 BRAHMAN DR.  
 LAKELAND FL 33809  
 US

6326 BRAHMAN DR.  
 LAKELAND FL 33809  
 US

2. Principal Place of Business

*1215 Sumner St.*

3. Mailing Address

*6326 Brahman Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Auburndale, FL*

City & State

*Lakeland, FL*

4. FEI Number

**59-3037357**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOTEN, SCOTT**  
**3920 WATERVIEW DRIVE**  
**LAKELAND FL 33810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD BOYD, DAVID E.**  
 STREET ADDRESS **120 ARIANA PLACE**  
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HOLLER, GERALD A**  
 STREET ADDRESS **3082 AVE V N.W.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD HOLLER, ALLEN L**  
 STREET ADDRESS **6326 BRAHMAN DR.**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 4, 2001 (863) 859-0274*  
 Date Daytime Phone #

CR2E037 (9/01)