

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N93000003012

Entity Name: APOSTOLIC TABERNACLE, INC.

Current Principal Place of Business:

1744 LAKE WORTH RD.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

9086 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-0391235 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, HARRY A
9086 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 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: STD () Delete
Name: SCOTT, SHARON
Address: 9086 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DC () Delete
Name: SCOTT, HARRY
Address: 9086 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: THOMAS, ROSE M
Address: 4948 HOMEWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: WASHINGTON, KNADIA K
Address: 1704 WHARF LANE
City-St-Zip: LAKE WORTH, FL 33461

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: D (X) Change () Addition
Name: WASHINGTON, KNADIA K
Address: 5522 WISHING STAR LANE
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON SCOTT

STD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date