

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003012

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**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 (X)**

**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: PTD ( ) Delete  
Name: SCOTT, SHARON REV  
Address: 9086 INDIAN RIVER RUN  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PCD ( ) Delete  
Name: SCOTT, HARRY REV  
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: DS ( ) Delete  
Name: WASHINGTON, KNADIA K  
Address: 5522 WISHING STAR 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: S. SCOTT

PTD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date