

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003962

1. Corporation Name

OLD PATH APOSTOLIC CHURCH, INCORPORATED

Principal Place of Business

300 LOUISIANA DR.  
PENSACOLA FL 32513

Mailing Address

P.O. BOX 2866  
PENSACOLA FL 32513



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

08/11/1994

4. FEI Number

59-3293371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOULTRIE, FRED APOSTLE

300 LOUISIANA DR. 2238 Kingfisher way  
PENSACOLA FL 32513

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Apostle Fred Moultrie*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DD  
NAME MOULTRIE, FRED  
STREET ADDRESS 300 LOUISIANA DR. 2238 Kingfisher way  
CITY-ST-ZIP PENSACOLA FL

11 TITLE Tr.  
12 NAME T. K. She Woods (Watson)  
13 STREET ADDRESS P.O. Box 9486  
14 CITY-ST-ZIP Pensacola, FL

TITLE ST  
NAME MOULTRIE, PATRICIA A  
STREET ADDRESS 300 LOUISIANA DR. 2238 Kingfisher way  
CITY-ST-ZIP PENSACOLA FL

21 TITLE  
22 NAME  
23 STREET ADDRESS 600002856166--4  
24 CITY-ST-ZIP -04/29/99--01049--001

TITLE D  
NAME MOULTRIE, BEABORN D  
STREET ADDRESS 303 LOUISIANA DR.  
CITY-ST-ZIP PENSACOLA FL

31 TITLE \*\*\*\*\*61.00  
32 NAME  
33 STREET ADDRESS 600002856166--4  
34 CITY-ST-ZIP -04/29/99--01049--002

TITLE Tr.  
NAME James Underwood  
STREET ADDRESS 264 E. Cross  
CITY-ST-ZIP Pensacola, FL

41 TITLE  
42 NAME  
43 STREET ADDRESS \*\*\*\*\*0.25  
44 CITY-ST-ZIP

TITLE Tr.  
NAME Denita Council  
STREET ADDRESS P.O. Box 9486  
CITY-ST-ZIP Pensacola, FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE Tr.  
NAME Gregg Ferguson  
STREET ADDRESS 3251 S. Highway 97  
CITY-ST-ZIP Pensacola, FL

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 information 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, with all other like empowered.

SIGNATURE: *Apostle Fred Moultrie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 850-475-1163  
Date Daytime Phone #

0078105

CR2E037 (11/98)