

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000568

FILED
May 17, 2007
Secretary of State

Entity Name: APOSTOLIC LIGHT CHURCH INC.

Current Principal Place of Business:

RT. 1, BOX 808-5
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 418
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3292009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOX, JAMES E
RT. 1, BOX 808-5
PERRY, FL 32347 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: DP () Delete
Name: BOX, JAMES E
Address: RT. 1, BOX 808-5
City-St-Zip: PERRY, FL 32347

Title: DTS () Delete
Name: BOX, BETTY,
Address: RT. 1, BOX 808-5
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: BROCK, MARTY L.,
Address: 6052 HP PADGETT ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: ERBY, ANGELA
Address: 5126 SE 58TH AVE
City-St-Zip: OCALA, FL

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: BETTY BOX

_____ Electronic Signature of Signing Officer or Director

DTS

05/17/2007

_____ Date