


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N95000002420</b> 1. Entity Name <b>APOSTOLIC AND PROPHETIC MINISTRIES INTERNATIONAL, INC.</b>						<b>FILED</b>  <b>04 NOV 19 PM 2:06</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2001 OLD ST AUGUSTINE ROAD</b> <b>APT J-204</b> <b>TALLAHASSEE, FL 32301</b>				Mailing Address <b>2001 OLD ST AUGUSTINE ROAD</b> <b>APT J-204</b> <b>TALLAHASSEE, FL 32301</b>			
2. Principal Place of Business <b>1112 S. MAGNOLIA DR.</b> Suite, Apt. #, etc. <b>APT. B 208</b> City & State <b>TALLAHASSEE, FL.</b> Zip <b>32301</b>		3. Mailing Address <b>P.O. BOX 7454</b> Suite, Apt. #, etc. <b>-</b> City & State <b>TALLAHASSEE, FL.</b> Zip <b>32314</b>		4. FEI Number <b>59-3321744</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08272004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>BAPTISTE, ADWINA</b> <b>5103 COCHITA DRIVE</b> <b>ORLANDO, FL 32808</b>				7. Name and Address of New Registered Agent Name <b>ADWINA BAPTISTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1112 S. MAGNOLIA DR. - Apt B-208</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</b>			
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Adwina Baptiste</i> <b>Adwina Baptiste</b> <span style="float: right;">10-5-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BAPTISTE, ADWINA</b> <b>2001 OLD ST AUGUSTINE ROAD APT J204</b> <b>TALLAHASSEE, FL 32301</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BAPTISTE, ADWINA</b> <b>1112 S. MAGNOLIA DR - APT B208</b> <b>TALLAHASSEE, FL, 32301</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BAPTISTE, ARNOLD</b> <b>2001 OLD ST AUGUSTINE ROAD APT J204</b> <b>TALLAHASSEE, FL 32301</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BAPTISTE, ARNOLD</b> <b>1112 S. MAGNOLIA DR - APT B208</b> <b>TALLAHASSEE, FL, 32301</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BAPTISTE, ALICIA</b> <b>2001 OLD ST AUGUSTINE ROAD APT J204</b> <b>TALLAHASSEE, FL 32301</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BAPTISTE ALICIA</b> <b>2112 JACKSON BLUFF RD. #502</b> <b>TALLAHASSEE, FL, 32304</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>Baptiste</i> <b>ARNOLD BAPTISTE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>10/5/04</b> <small>Date</small>		<b>(850) 877-5707</b> <small>Daytime Phone #</small>	

11/19/04

FILED

04 NOV 19 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sirs,

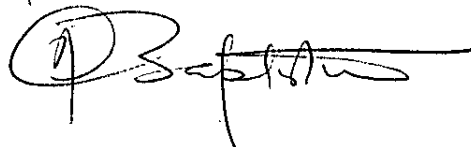
Unfortunately

we did not receive

any notices in the mail this year for  
the re-instatement of this non-profit corporation.

We hereby request that the (penalty) fee  
be waived.

Arnold Baptiste Director



APOSTOLIC & PROPHETIC MINISTRIES INT