2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002420 FILED APOSTOLIC AND PROPHETIC MINISTRIES INTERNATIONAL, INC. 07 APR 30 AM 10: 27 Principal Place of Business Maiting Address ALLAMASSEE, FLORIDA 1112 SOUTH MAGNOLIA DRIVE, APT B208 P.O. BOX 7454 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3321744 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAPTISTE, ADWINA 1112 SOUTH MAGNOLIA DRIVE, APT B208 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition BAPTISTE, ADWINA NAME NAME 1112 SOUTH MAGNOLIA DRIVE, APT B208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BAPTISTE, ARNOLD NAME NAME 500101630175 STREET ADDRESS 1112 SOUTH MAGNOLIA DRIVE, APT B208 STREET ADDRESS 05/87/07--01004--015 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE Delete TITI F ☑ Change ☐ Addition AYODELE, ALICIA 6325 CAMDENAYE, NORTH APT 208 BAPTISTE, ALICIA NAME NAME 2112 JACKSON BLUFF ROAD, #5C STREET ADDRESS STREET ADDRESS CITY-ST-ZIE TALLAHASSEE, FL 32304 CITY-ST-ZIP MINNEARDUS, MN 55430 Delete Addition TITLE TITLE AYODELE, MICHAEL NAME NAME 6325 CAMDEN AVE, NORTH APT 208 STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP MINNEAPOUS MN 55430 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete MLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. SIGNATURE: