


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90056 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000129**

1. Corporation Name  
**THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST I NC.**

Principal Place of Business 920 N. PARSONS AVENUE SEFFNER FL 33584	Mailing Address 920 N. PARSONS AVENUE SEFFNER FL 33584
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/03/1997
Suite, Apt., etc. 22	Suite, Apt., etc. 27	4. FEI Number 59-3420153
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  HUFF, ELROY 8013 HIDDEN RIVER DR #A TAMPA FL 33617	10. Name and Address of New Registered Agent 81 Name <b>ELROY HUFF</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8013 HIDDEN RIVER DR #A</b> 83 84 City <b>TAMPA,</b> FL 85 Zip Code <b>33617</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTIA J HUFF	1.2 NAME	
STREET ADDRESS	8013 HIDDEN RIVER DR #A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH WELCH	2.2 NAME	Andrea Williams
STREET ADDRESS	2206 E LAKE #288	2.3 STREET ADDRESS	506 Calhoun Ave
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLA MAE BAILEY	3.2 NAME	CAROL JENKINS
STREET ADDRESS	2505 E CHIPCO ST	3.3 STREET ADDRESS	1028 Burden Ct.
CITY-ST-ZIP	TAMPA FL 33605	3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VELMA J WILCHER
STREET ADDRESS		4.3 STREET ADDRESS	909 N. PARSONS AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: P. N. [Signature] (813) 985-4002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)