

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90041 015 ****61.25

DOCUMENT # N9700000129			
1. Entity Name THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST INC.			
Principal Place of Business 920 N. PARSONS AVENUE SEFFNER FL 33584		Mailing Address 920 N. PARSONS AVENUE SEFFNER FL 33584	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3420153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

94037436



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent HUFF, ELROY 8013 HIDDEN RIVER DR #A TAMPA FL 33617				7. Name and Address of New Registered Agent Name HUFF, ELROY Street Address (P.O. Box Number is Not Acceptable) 2537 DAD WELDON Rd. City DOVER FL Zip Code 33527			
--	--	--	--	---	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFF, ELROY			NAME	HUFF, ELROY		
STREET ADDRESS	8013 HIDDEN RIVER DR #A			STREET ADDRESS	2537 DAD WELDON Rd		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	DOVER, FL 33527		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFF, LETITIA J			NAME	HUFF, LETITIA J		
STREET ADDRESS	8013 HIDDEN RIVER DR. APT. A			STREET ADDRESS	2537 DAD WELDON Rd.		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	DOVER, FL 33527		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFF, LETTIA			NAME	HUFF, LETTIA		
STREET ADDRESS	8013 HIDDEN RIVER DR APT A			STREET ADDRESS	2537 DAD WELDON Rd.		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	DOVER, FL 33527		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, EMOGENE			NAME			
STREET ADDRESS	1113 N NEBRASKA AVE APT 213			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: *Pastor Elroy Huff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 833-5686
3/23/04 (813) 764-9105
Date Daytime Phone #