

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 024 ****61.25

DOCUMENT # N97000000129
1. Entity Name
THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST INC.



Principal Place of Business: **920 N. PARSONS AVENUE SEFFNER FL 33584**
Mailing Address: **2537 DAD WELDON RD DOVER FL 33527**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
Zip Country

4. FEI Number: **59-3420153**
Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HUFF, ELROY
2537 DAD WELDON RD.
DOVER FL 33527**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Past registered Agent signature required with resignation)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUFF, ELROY	
STREET ADDRESS	2537 DAD WELDON RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUFF, LETITIA J	
STREET ADDRESS	2537 DAD WLDON RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUFF, LETTIA	
STREET ADDRESS	2537 DAD WELDON RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DEMETRA	
STREET ADDRESS	8408 SEVEN CLUES CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	BYRD, BARBARA	
STREET ADDRESS	210 E KENTUCKY AVE UNIT #33	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MCCLAIN, SHEILA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3202 E. Lambright St.	
CITY-ST-ZIP	Tampa, FLA 33610	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riggins, Michele	
STREET ADDRESS	508 S. Franklin St.	
CITY-ST-ZIP	Plant City FL. 33603	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elroy Huff* Directors + Pastor (813) 833-5686 (813) 764-9105