

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2009  
Secretary of State

DOCUMENT# N97000000129

Entity Name: THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST INC.

**Current Principal Place of Business:**

920 N. PARSONS AVENUE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

2537 DAD WELDON RD  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 59-3420153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUFF, ELROY  
2537 DAD WELDON RD.  
DOVER, FL 33527      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUFF, ELROY  
Address: 2537 DAD WELDON RD.  
City-St-Zip: DOVER, FL 33527

Title: VD ( ) Delete  
Name: HUFF, LETITIA J  
Address: 2537 DAD WLDON RD.  
City-St-Zip: DOVER, FL 33527

Title: SD ( ) Delete  
Name: HUFF, LETTIA  
Address: 2537 DAD WELDON RD.  
City-St-Zip: DOVER, FL 33527

Title: S ( ) Delete  
Name: MCCLAIN, SHEILA  
Address: 3202 E. LAMBRIGHT ST.  
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete  
Name: BYRD, BARBARA  
Address: 210 E KENTUCKY AVE UNIT #33  
City-St-Zip: TAMPA, FL 33603

Title: T ( ) Delete  
Name: RGGINS, MICHELLE  
Address: 508 S. FRANKLIN ST.  
City-St-Zip: PLANT CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELROY HUFF

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date