

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001628

FILED  
May 22, 2007  
Secretary of State

**Entity Name:** FELLOWSHIP OF APOSTLES FOR CHRIST., INC.

**Current Principal Place of Business:**

6421 6TH AVENUE NORTH  
ST. PETERSBURG, FL 337106907 US

**New Principal Place of Business:**

**Current Mailing Address:**

6421 6TH AVENUE NORTH  
ST. PETERSBURG, FL 337106907 US

**New Mailing Address:**

**FEI Number:** 59-3490140      **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:**

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

GRAY, PAUL W  
6421 6TH AVE. NORTH  
ST. PETERSBURG, FL 337106907 US

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: DV ( ) Delete  
Name: COBB, THOMAS R  
Address: 4731 57TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 337141015

Title: DP ( ) Delete  
Name: GRAY, PAUL W  
Address: 6421 6TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 337106907

Title: D ( ) Delete  
Name: GRAY, MARIANNINA A  
Address: 6421 6TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 337106907

Title: DT ( ) Delete  
Name: JONES, BRADLEY C  
Address: 7855 126TH AVE. NORTH, STE. H  
City-St-Zip: LARGO, FL 337731651

Title: DS ( ) Delete  
Name: VINSON, BILLY R SR  
Address: 6359 19TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 337104683

**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:

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: PAUL W. GRAY

DP

05/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date