2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N99000002778

Entity Name: CHURCH OF CHRIST OF THE APOSTLIC FAITH INC.

Current Principal Place of Business:

110 W. HIGHLAND ST.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

PO BOX 2145
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3578069 **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:

STEPHENSON, KEITH E
3311 IMPERIAL IN.
LAKELAND, FL 33813 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:	STEPHENSON, KEITH E	
Address:	3311 IMPERIAL IN.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	EVP	( ) Delete
Name:	SMITH, SHAWN	
Address:	2231 HONEY COMB LN.	
City-St-Zip:	LAKELAND, FL 33801	
Title:	T	( ) Delete
Name:	STEPHENSON, TERRI A	
Address:	3311 IMPERIAL IN.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	AT	( ) Delete
Name:	STEPHENSON, DONAE	
Address:	201 STAR LIGHT COVE	
City-St-Zip:	ORLANDO, FL 32807	
Title:	STD	( ) Delete
Name:	SMITH, LA TOSHA	
Address:	2831 HONEY COMB LN.	
City-St-Zip:	LAKELAND, FL 33801	

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: KEITH E STEPHENSON PD 05/04/2007

Electronic Signature of Signing Officer or Director — Date