

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003578

FILED
Apr 18, 2005
Secretary of State

Entity Name: APOSTOLIC PENTECOST CHURCH OF GOD INC.

Current Principal Place of Business:

129 W HUBBARD AVE
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

129 W HUBBARD AVE
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-3581914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, JAMES
809 CATHERINE AVE.
HOLLY HILL, FL 32117 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: WIGGINS, JAMES
Address: 809 CATHERINE AVE.
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: PITTS, CLINTON
Address: 425 N PARK AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: RHODES, SAMUEL
Address: 706 SUNBERRY DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: LINDELL, GORDON SR
Address: 2485 NW 155 ST
City-St-Zip: CITRA, FL 32113

Title: T () Delete
Name: HANLEY, SYLVESTER
Address: 307-B SOUTH MONTGOMERY AVE
City-St-Zip: DELAND, FL 32720

Title: S () Delete
Name: WILLIAMS, KAREN
Address: 1440 S CLARA AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RHODES, SAMUEL
Address: 411 BASEWOOD LANE
City-St-Zip: ALTAMONTE, FL 32701

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

Title: T (X) Change () Addition
Name: PITTS, ELEANOR
Address: 425 N PARK AVE
City-St-Zip: ORANGE CITY, FL 32763

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN WILLIAMS

S

04/18/2005

Electronic Signature of Signing Officer or Director

Date