

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004011

FILED
Mar 18, 2008
Secretary of State

Entity Name: APOSTOLIC CATHOLIC CHURCH, INC.

Current Principal Place of Business:

7813 N. NEBRASKA AVE.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 8668
TAMPA, FL 33674

New Mailing Address:

PO BOX 9354
TAMPA, FL 33674

FEI Number: 59-3583989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGH, CHARLES
7813 N. NEBRASKA AVE.
TAMPA, FL 33604 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: PTSD () Delete
Name: LEIGH, CHARLES
Address: 7813 N NEBRASKA AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: WOLFE, LYNNE
Address: 7813 N NEBRASKA AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: ANTLE, DANIEL
Address: 1936 BEACH PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

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:

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: CHARLES M LEIGH

PTSD

03/18/2008

Electronic Signature of Signing Officer or Director

Date