

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004011

**FILED**  
**Jan 14, 2011**  
**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 9354  
TAMPA, FL 33674

**New Mailing Address:**

PO BOX 9354  
TAMPA, FL 33604

**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  
**Name:** LEIGH, CHARLES  
**Address:** 7813 N NEBRASKA AVE  
**City-St-Zip:** TAMPA, FL 33604

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

**Title:** D  
**Name:** THE NATIONAL EX-OFFENDER REENTRY INITIATIV  
**Address:** 7010 18TH ST  
**City-St-Zip:** TAMPA, FL 33910

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES M LEIGH

P/D/

01/14/2011

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

\_\_\_\_\_  
Date