

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004256

**FILED  
Apr 30, 2004  
Secretary of State**

**Entity Name:** APOSTOLIC MINISTRIES OF AMERICA, INC.

**Current Principal Place of Business:**

407 SOUTH CARPENTER ROAD  
TITUSVILLE, FL 327962909

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE DRAWER 39  
TITUSVILLE, FL 327810039

**New Mailing Address:**

FEI Number: 59-3593110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALKER, CHARLES FORD  
407 SOUTH CARPENTER ROAD  
TITUSVILLE, FL 327962909

**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: WALKER, CHARLES F  
Address: 407 S CARPENTER ROAD  
City-St-Zip: TITUSVILLE, FL 32796

Title: VD ( ) Delete  
Name: WALKER, CHARLES M  
Address: 6524 ARVINGTON WAY  
City-St-Zip: ANTIOCH, TN 37013

Title: STD ( ) Delete  
Name: WALKER, MARY T  
Address: 407 S CARPENTER ROAD  
City-St-Zip: TITUSVILLE, FL 32796

**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 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: CHARLES F. WALKER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date