

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004256

FILED
Feb 28, 2005
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 (X)

Name and Address of Current Registered Agent:

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

02/28/2005

Electronic Signature of Signing Officer or Director

_____ Date