

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005306

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: APOSTOLIC FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 59-3601508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIPSCOMB, BUFORD  
2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506      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: LIPSCOMB, BUFORD  
Address: 16461 INNELARITY POINT RD  
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete  
Name: WEAVER, JIMMY  
Address: 609 DUNDEE DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: SUDDUTH, WILLIAM M  
Address: 339 SHANNON CT  
City-St-Zip: FWB, FL 32548

Title: D ( ) Delete  
Name: SUMRALL, KEN  
Address: 4901 FOREST CREEK DR  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: JOINER, L A  
Address: 1620 SEMINOLE SANDS  
City-St-Zip: VALDOSTA, GA 31604

Title: SD ( ) Delete  
Name: RICE, RON  
Address: 5486 KEEL DR.  
City-St-Zip: PENSACOLA, FL 32507

**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:

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: T.D.STAFFORD

Electronic Signature of Signing Officer or Director

REV.

01/29/2008

\_\_\_\_\_ Date