

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006964**

1. Entity Name  
**FIRST APOSTOLIC PENTECOSTAL CHURCH, INC.**



Principal Place of Business  
**600 B. MOORE RD.  
HAINES CITY, FL 33844**

Mailing Address  
**600 B. MOORE RD.  
HAINES CITY, FL 33844**



01172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3312395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMPBELL, JAMES  
480 B. MOORE RD.  
HAINES CITY, FL 33844**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JAMES 480 B MOORE RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, REED 702 S 14TH ST HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TSCHIDA, JAMES 3970 POLK CITY RD HAINES CITY, FL 33844
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02/14/07-80070-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES CAMPBELL** 1-17-07 863-422-7704