


FILED
Aug 23, 2007 8:00 am
Secretary of State

07-27-2007 90008 047 ****61.25

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

DOCUMENT # N06000012327			
1. Entity Name APOSTOLIC ASSEMBLIES INC			
Principal Place of Business 9427 SE MARICAMP RD OCALA, FL 34472		Mailing Address 26 PECAN DRIVE PASS OCALA, FL 34472	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 45-0563704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, LEROYAL J 26 PECAN DRIVE PASS OCALA, FL 34472		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SANDERS, JAMIL A 1702 MEADOW ST PHILADELPHIA, PA 19124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Allison E Jacobs, Treasurer 26 Pecan Drive Pass Ocala, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Josephine B Griffin 404 Folsom PL Perry, FL 32348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Josephine B Griffin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/07/07 850-584-5609 Date Daytime Phone #	

ATTACHMENT

Annual Report

66021286

Annual Report Help

Document Number

N06000012327

Business Entity Name

APOSTOLIC ASSEMBLIES INC

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 9427 SE MARICAMP RD
Suite, Apt. #, etc.
City, State OCALA , FL
Zip Code & Country 34472

Mailing Address

Address 26 PECAN DRIVE PASS
Suite, Apt. #, etc.
City, State OCALA , FL
Zip Code & Country 34472

Name and Address of Registered Agent

Name (Last, First, Middle, Title) JACOBS , LEROYAL , J ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 26 PECAN DRIVE PASS

Suite, Apt. #, etc.

City, State OCALA , FL

Zip Code & Country 34472 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) SANDERS, JAMIL, A

- OR -

Entity Name to serve as
Officer/Director

Street Address 1702 MEADOW ST
City, State PHILADELPHIA, PA
Zip Code & Country 19124

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -