2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012327

409 FOLSON PL

PERRY, FL 32348

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Entity Nar	ne: APOSTOL	IC ASSEMBLIES INC			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
9427 SE M OCALA, FI	IARICAMP RD _ 34472				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
56 PECAN OCALA, FI	RUN COURSI _ 34472	≣			
FEI Number:	45-0563704	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
56 PECAN OCALA, FI The above			ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SANDERS, JAM 1702 MEADOW PHILADELPHA,	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () JACOBS, ALLIS 56 PECAN RUN OCALA, FL 344	COURSE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () GRIFFIN, JOSE	Delete PHINE	Title: T Name: REEVES	(X) Change()Addition LETTIE D	

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.

Address:

City-St-Zip:

SIGNATURE: ALLISON E. JACOBS S 03/04/2009

12751 NW 100TH STREET

OCALA, FL 34482