

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006132

**FILED**  
**Sep 26, 2019**  
**Secretary of State**  
**1911939636CC**

**Entity Name:** APOSTLES 12 MINISTRIES INC.

**Current Principal Place of Business:**

1678 QUAIL LAKE DR.  
VENICE, FL 34293

**Current Mailing Address:**

1678 QUAIL LAKE DR.  
VENICE, FL 34293 US

**FEI Number:** 82-1853833

**Certificate of Status Desired:** No

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

LAW OFFICES OF MARC J. MILES P.A.  
333 TAMiami TRAIL SOUTH, STE. 219  
VENICE, FL 34285 US

*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

**Officer/Director Detail :**

Title D  
Name WILSON, PAUL  
Address 1678 QUAIL LAKE DR.  
City-State-Zip: VENICE FL 34293

Title D  
Name WILSON, MICHELLE  
Address 1678 QUAIL LAKE DR.  
City-State-Zip: VENICE FL 34293

Title D  
Name LEE, GREG  
Address 777 BURNS WOOD TRL.  
City-State-Zip: MONDEN LA 71055

Title D  
Name GARLAND, WENDY  
Address 1609 YARBOROUGH DR.  
City-State-Zip: SHERMAN TX 75092

Title D  
Name TOWNS, KYLE  
Address P.O. BOX 146  
City-State-Zip: DUBBERLY LA 71055

Title D  
Name FLETCHER, LIGIA  
Address 704 DREW LN.  
City-State-Zip: MINDEN LA 71055

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL WILSON

**DIRECTOR**

**09/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date