

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748373

FILED
Jan 18, 2006
Secretary of State

Entity Name: APOSTOLIC LIFE, INC.

Current Principal Place of Business:

4070 OLD COTTONDALE RD
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

4070 OLD COTTONDALE RD.
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 59-2923479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGGS, ALLEN REV
4070 OLD COTTONDALE ROAD
MARIANNA, FL 32447 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: PC () Delete
Name: BIGGS, ALLEN,
Address: 1468 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: BIGGS, HAROLD D,
Address: 1423 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: WILLIAMS, MICHAEL A
Address: 5127 MENAWA TRAIL
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: BAKER, BO,
Address: 367 NEW PROSPECT RD
City-St-Zip: CHIPLEY, FL 32428

Title: STD () Delete
Name: BIGGS, WANDA,
Address: 1468 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: BIGGS, KATHLEEN,
Address: 1423 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

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
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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 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: WANDA BIGGS

STD

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date