

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748373

FILED  
Apr 15, 2007  
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  
Name:  
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, SECRETARY

WB

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date