


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90062 003 ****61.25

DOCUMENT # 748373	
1. Entity Name APOSTOLIC LIFE, INC.	

Principal Place of Business 4070 OLD COTTONDALE RD MARIANNA, FL 32448 US	Mailing Address 4070 OLD COTTONDALE RD. MARIANNA, FL 32448 US
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DO NOT WRITE IN THIS SPACE



07142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2923479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIGGS, ALLEN REV
4070 OLD COTTONDALE ROAD
MARIANNA, FL 32447

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BIGGS, ALLEN 1468 HWY 73 SOUTH MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIGGS, HAROLD D 1423 HWY 73 SOUTH MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, MICHAEL A 5127 MENAWA TRAIL MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, BO 367 NEW PROSPECT RD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BIGGS, WANDA 1468 HWY 73 SOUTH MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIGGS, KATHLEEN 1423 HWY 73 SOUTH MARIANNA, FL 32448

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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: Rev. Allen Biggs 7/14/08 850-482-8720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #