


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90061 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748373**

1. Corporation 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/06/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2923479
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BIGGS, ALLEN REV 4070 OLD COTTONDALE ROAD MARIANNA FL 32447		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, ALLEN	1.2 NAME	
STREET ADDRESS	4070 OLD COTTONDALE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, HAROLD D	2.2 NAME	
STREET ADDRESS	1423 HWY 73 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, RODNEY	3.2 NAME	
STREET ADDRESS	1830 MILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BO	4.2 NAME	
STREET ADDRESS	RT 7 BOX 130	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, WANDA	5.2 NAME	
STREET ADDRESS	4070 OLD COTTONDALE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, KATHLEEN	6.2 NAME	
STREET ADDRESS	1423 HWY 73 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rw Biggs **REQUIRE** Allen Biggs 3/29/99 (850) 482-8720

CR2E037 (11/98)