

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90064 023 ****61.25



DO NOT WRITE IN THIS SPACE

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

Principal Place of Business Mailing Address
4070 OLD COTTONDALE RD **4070 OLD COTTONDALE RD.**
MARIANNA FL 32448 **MARIANNA FL 32448-7775**
US **US.**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2923479 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
BIGGS, ALLEN REV
4070 OLD COTTONDALE ROAD
MARIANNA FL 32447

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BIGGS, ALLEN	
STREET ADDRESS	4070 OLD COTTONDALE ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, HAROLD D	
STREET ADDRESS	1423 HWY 73 SOUTH	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, RODNEY	
STREET ADDRESS	1830 MILL RD	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, BO	
STREET ADDRESS	RT 7 BOX 130	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BIGGS, WANDA	
STREET ADDRESS	4070 OLD COTTONDALE RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, KATHLEEN	
STREET ADDRESS	1423 HWY 73 SOUTH	
CITY-ST-ZIP	MARIANNA FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Allen Biggs* 2/2/2000 (850)482-8720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)