

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90018 027 ****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

927428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2923479

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGGS, ALLEN REV
4070 OLD COTTONDALE ROAD
MARIANNA FL 32447

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Mako Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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	
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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)(l), 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: *Ronald B. Sequellet Biggs*

3/05/01

850-482-8720

CR2E037 (10/00)