

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90050 041 ****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**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2923479** Applied For
 Not Applicable

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

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 checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Biggs, Harold D	
STREET ADDRESS	1423 Hwy 73 South	
CITY-ST-ZIP	32446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Michael A.	
STREET ADDRESS	5121 Menawa Trail	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Bo	
STREET ADDRESS	367 New Prospect Rd	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bishop, Adam	
STREET ADDRESS	5021 Pinewood Ct	
CITY-ST-ZIP	Marianna, FL 32446	
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: Wanda Biggs Secretary Date: 4/30/02 Daytime Phone #: 850-482-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)