2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748373

Entity Name: APOSTOLIC LIFE, INC.

FILED Jul 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4070 OLD COTTONDALE RD MARIANNA, FL 32448 **Current Mailing Address: New Mailing Address:** 4070 OLD COTTONDALE RD MARIANNA, FL 32448 FEI Number: 59-2923479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIGGS, ALLEN REV 4070 OLD COTTONDALE ROAD MARIANNA, FL 32447 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BIGGS, ALLEN, Name: Name: 4070 OLD COTTONDALE ROAD Address: Address: City-St-Zip: MARIANNA, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: BIGGS, HAROLD D, Name: Address: 1423 HWY 73 SOUTH Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, MICHAEL A Name: Name: 5127 MENAWA TRAIL Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: () Delete Title: Title: () Change () Addition Name: BAKER, BO, Name: 367 NEW PROSPECT RD Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: Title: () Delete Title: STD (X) Change () Addition BIGGS, WANDA, BIGGS, WANDA, Name: Name: 4070 OLD COTTONDALE RD 4070 OLD COTTONDALE RD Address: Address: City-St-Zip: MARIANNA, FL City-St-Zip: MARIANNA, FL 32448 Title: () Delete Title: (X) Change () Addition BIGGS. KATHLEEN. BIGGS, KATHLEEN. Name: Name: Address: 1423 HWY 73 SOUTH Address: 1423 HWY 73 SOUTH MARIANNA, FL 32446 MARIANNA, FL 32448 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. ALLEN BIGGS PC 07/08/2004