

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90124 035 \*\*\*\*61.25

**DOCUMENT # 719718**

1. Entity Name

DAVIE APOSTOLIC CHURCH, INC.



Principal Place of Business

6451 ORANGE DR  
DAVIE FL 33314

Mailing Address

6451 ORANGE DR  
DAVIE FL 33314

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

59-1894869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALEVO, MICHAEL  
6453 ORANGE DR.  
DAVIE FL 33314

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
D MARULANDA, CARLOS  
STREET ADDRESS 2231 SW 14TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE NAME ☐ Delete  
D BENINCASA, DOMINIC  
STREET ADDRESS 201 NE 16 ST.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE NAME ☐ Delete  
ST PALEVO, KATHLEEN  
STREET ADDRESS 6453 ORANGE DR  
CITY-ST-ZIP DAVIE FL 33314

TITLE NAME ☒ Delete  
D PALERO, CHRISTINE  
STREET ADDRESS 4449 SW 66 TERR.  
CITY-ST-ZIP DAVIE FL 33314

TITLE NAME ☐ Delete  
P PALEVO, MICHAEL  
STREET ADDRESS 6453 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-04 954-5847350