

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90017 050 ****61.25

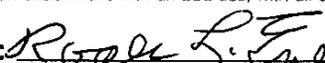
DOCUMENT # 702746			
1. Entity Name APOSTOLIC CHRISTIAN CHURCH OF WEST PALM BEACH, INC.			
Principal Place of Business 1716 MERIDIAN RD WEST PALM BCH FL 33417		Mailing Address 1716 MERIDIAN RD WEST PALM BCH FL 33417	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EVENS, ROGER L 1716 MERIDIAN ROAD WEST PALM BCH FL 33417		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENS, ROGER L	NAME	
STREET ADDRESS	1716 MERIDIAN RD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERNEST H, JR	NAME	
STREET ADDRESS	12934 SUGAR CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL GRDNS, FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, TIMOTHY S	NAME	
STREET ADDRESS	825 OMAR ST.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, PHILLIP A	NAME	PEACOCK, PHILLIP A
STREET ADDRESS	341 HAWTHORNE DR	STREET ADDRESS	4173 74th PLACE NORTH LOT 445
CITY-ST-ZIP	LAKE PARK FL 33403	CITY-ST-ZIP	RIVERIA BEACH, FL 33404
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARETTE, DANIEL W	NAME	
STREET ADDRESS	7640 APACHE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENS, ROGER A	NAME	
STREET ADDRESS	1736 MERIDIAN RD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2388907** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **ROGER L. EVENS** **1/28/08** **(561)689-8470**