## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

**SIGNATURE:** 

(5)

APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTAT

**FILED** Mar 02 1998 8:00am Secretary of State

ION, IN	IC.						
Principal Place of Business		Mailing Address		-	OH DIDIL BEDIL DE	jāl <b>alb</b> ih (00)	
6011 NW 61ST MANOR		6011 NW 61ST MANOR		3. Date Incorporated or Qualified			
PARKLAND FL :   US	33067	PARKLAND FL 33067			11/05/1963		
100		403			4. FEI Number	Ap	plied For
					65-0017606	No	t Applicable
_ '	Place of Business	2a. Mailing Address	//	,	Certificate of Status Desired	\$8.75	
Sulte, Apt.	# alo	26 4930 Su	vans L	<u>ane</u>		Fee Re	
22 493	O Swan's Lane	26 4930 Su Suite, Apt. #, etc. 27 Coconut Cr City & State	Jan	El	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
City & Stat	0	City & State	EE/	16	7. Is this nonprofit corporation a homeowne		
23 COCO	nut Creek FL	28 33073	USA			IX No	11
Zip	Country	Zip	Country	· • • • • • • • • • • • • • • • • • • •	8. This corporation owes or has paid the cu	rrent year Int	angible
24 3301	73 25 USA	29 3	0		Personal Property Tax due June 30.	☐ Yes 🗵	No
<b></b>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81 1	Name			
TROXEL,KENNETH			82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)		<del></del>
13510 S.W. 16TH COURT						<del></del>	
DAVIE FI	L 33325		83				
			84 (	City	<b>#=1</b>	85 Zip (	Code
11. Purquent	to the provisions of Sections 617 0502	and 617 1509. Etorida Statutos	the above a	omad corn	FL	=	a rapiatarad
office or r	egistered agent, or both, in the State of	Florida. Such change was auf	thorized by the	ne corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the ap	pointment as	registered
l	im familiar with, and accept the obligati	ons of, Section 617.0503, Florid	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered agents	and title if applicable (NOTE: I	Registered Agent s	sionature require	d when reinstaling) DATE		
12.	OFFICERS AND		13.	agrana o rodona	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PO	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	GRESS RODNEY		1.2 NAME				
STREET ADDRESS	5161 SW 17TH CT		1.3 STREET AD	DRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-2	tiP			
TITLE	VD	☐ DELETE				☐ Change	☐ Addition
NAME	CHOLAK, TOM		2.2 NAME				
STREET ADDRESS	412 N 17TH AVE		2.3 STREET AD	ORESS			
CITY-ST-ZIP	HOLLYWOOD FL	D DELETE	2.4 CITY-ST-ZIP				
TITLE	S DOMO LA	☐ DELETE	3.1 TITLE			Change	Addition
NAME PROFES ADDRESS	HUBER, DORIS M. 334 NW 89TH AVE, #295		32 NAME				
STREET ADDRESS	PLANTATION FL		3.3 STREET AD				
CITY-ST-ZIP TITLE	TD TD	DELETE	3.4. CITY-ST-	ZIP		Change	Addition
NAME	SUTTER, RICHARD	beerie	4.2 NAME	-			Addition
STREET ADDRESS	6011 NW 61ST MANOR		4.3 STREET AD	norce			
CITY-ST-ZIP	PARKLAND FL		4.4 City-St-Z				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-Z				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET AD	DRESS			
0.07 / 07 740				I			

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.