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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90115 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 706379</b>					
1. Corporation Name <b>APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTATION, INC.</b>					
Principal Place of Business 4930 SWAN'S LN COCONUT CREEK LN 33073 US			Mailing Address 4930 SWAN'S LN COCONUT CREEK FL 33073 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/05/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0017606	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TROXEL, KENNETH 13510 S.W. 16TH COURT DAVIE FL 33325				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD 1.2 NAME GRESS RODNEY 1.3 STREET ADDRESS 5161 SW 17TH CT 1.4 CITY-ST-ZIP PLANTATION FL			1.1 TITLE PD 1.2 NAME Ryan Huber 1.3 STREET ADDRESS 5751 Pine Terrace 1.4 CITY-ST-ZIP Plantation, FL 33317		
2.1 TITLE VD 2.2 NAME CHOLAK, TOM 2.3 STREET ADDRESS 412 N 17TH AVE 2.4 CITY-ST-ZIP HOLLYWOOD FL			2.1 TITLE VD 2.2 NAME Jeff Graf 2.3 STREET ADDRESS 1081 SW 92nd Ave. 2.4 CITY-ST-ZIP Plantation, FL 33324		
3.1 TITLE S 3.2 NAME HUBER, DORIS M. 3.3 STREET ADDRESS 334 NW 69TH AVE, #295 3.4 CITY-ST-ZIP PLANTATION FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE TD 4.2 NAME SUTTER, RICHARD 4.3 STREET ADDRESS 6011 NW 61ST MANOR 4.4 CITY-ST-ZIP PARKLAND FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE:

*Richard S. Sutter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 954 418 4444