2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 706379** 1. Entity Name APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTAT 01-25-2000 90066 042 ****61.25 Principal Place of Business Mailing Address 4930 SWAN'S LN 4930 SWAN'S LN COCONUT CREEK LN 33073 COCONUT CREEK FL 33073-2630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State . 65-0017606 Not Applicable Zip Country \$8.75 Additional Country \Box Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TROXEL, KENNETH 13510 S.W. 16TH COURT DAVIE FL 33325 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition Huber Change PD **⊠** Delete TITLE TITLE HUBER, RYAN NAME NAME 3R2F037 Plantation, Fl. 33317 STREET ADDRESS **5751 PINE TERRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF PLANTATION FL 33317 ☐ Change **Addition** Delete TITLE TITLE VD. Peter Greer GRAF, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 1081 SW 92ND AVE CITY-ST-ZIP CITY-ST-ZIP Plantation. PLANTATION FL 33324 🔀 Change ■ Addition ☐ Delete TITLE NAME HUBER, DORIS M. NAME 7200 E. Tropical Way Plantation, FL 33317 STREET ADDRESS STREET ADDRESS 334 NW 69TH AVE, #295 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Change ☐ Addition TITLE TD ☐ Delete TITLE Sutter Richard SUTTER, RICHARD NAME NAME 1930 Swan's Lane STREET ADDRESS STREET ADDRESS 6011 NW 61ST MANOR CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME GNING OFFICER OR NIRECTOR

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 of 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.