

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 706379**

1. Entity Name

APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTAT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0017606

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROXEL, KENNETH
13510 S.W. 16TH COURT
DAVIE FL 33325**

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.

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBER, BOB	
STREET ADDRESS	7206 E TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GREEN, PETER	
STREET ADDRESS	265 SW 87TH TERR	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	S	<input type="checkbox"/> Delete
NAME	HUBER, DORIS M.	
STREET ADDRESS	7206 E TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTTER, RICHARD	
STREET ADDRESS	4930 SWAN'S LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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 *Richard D Sutter* **Richard D Sutter** 01/08/01 954-418-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90112 007 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)