

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90032 047 ****61.25

DOCUMENT # 706379

1. Entity Name

APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTATION, INC.

Principal Place of Business

Mailing Address

~~4830 SWAN'S LN~~
~~COCONUT CREEK FL 33079~~
 US

~~4830 SWAN'S LN~~
~~COCONUT CREEK FL 33079~~
 US **7206 E. TROPICAL WAY**
PLANTATION, FL 33317

2. Principal Place of Business

750 N.W. 46TH Ave

3. Mailing Address

7206 E. TROPICAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0017606

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT G. HUBER**
 Street Address (P.O. Box Number is Not Acceptable)
7206 E. TROPICAL WAY
 City **PLANTATION, FL** Zip Code **33317**

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 *Robert G. Huber* **2-19-02**
 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 checked="" type="checkbox"/> Delete
NAME	HUBER, BOB	
STREET ADDRESS	7206 E TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, PETER	
STREET ADDRESS	285 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 checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY GRESS	
STREET ADDRESS	5161 S.W. 17TH COURT	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON WEBB	
STREET ADDRESS	3247 N.W. 44TH ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G. HUBER	
STREET ADDRESS	7206 E. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert G. Huber* **Secretary** **2-19-02** **954-792-6727**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #