## 2005 NOT-FOR-PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT #706379** APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF PLANTATION, INC. Principal Place of Business Mailing Address 750 NW 46TH AVE 7206 E TROPICAL WAY PLANTATION, FL 33317 PLANTATION, FL 33317 US 01052005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0017606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUBER, ROBERT G DO NOT WRITE 7206 E TROPICAL WAY PLANTATION, FL 33317 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61,25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GRESS, RODNEY STREET ADDRESS 5161 SW 17TH COURT U00000304411 04/14/05-80042-009 61.25 CITY-ST-ZIP PLANTATION, FL NAME HUBER, DORIS M. STREET ADDRESS 7206 E TROPICAL WAY CITY-ST-ZIP PLANTATION, FL 33317 NAME HUBER, ROBERT G STREET ADDRESS 7206 E TROPICAL WAY DO NOT WRITE CITY-ST-ZIP PLANTATION, FL 33317 IN THIS SPACE TITLE NAME GRESS, RODNEY STREET ADDRESS 5161 S.W. 17TH COURT CITY-SY-ZIP PLANTATION, FL 33317 TITLE 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 other like empowered

TITLE NAME STREET ADDRESS CITY-ST-ZIP