

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 706379

1. Entity Name
APOSTOLIC CHRISTIAN CHURCH OF AMERICA OF
PLANTATION, INC.



Principal Place of Business
750 NW 46TH AVE
PLANTATION, FL 33317 US

Mailing Address
7206 E TROPICAL WAY
PLANTATION, FL 33317 US



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0017606	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUBER, ROBERT G
7206 E TROPICAL WAY
PLANTATION, FL 33317

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

05/06/06-80020-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRESS, RODNEY
STREET ADDRESS	5161 SW 17TH COURT
CITY - ST - ZIP	PLANTATION, FL
TITLE	S
NAME	HUBER, DORIS M.
STREET ADDRESS	7206 E TROPICAL WAY
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	TD
NAME	HUBER, ROBERT G
STREET ADDRESS	7206 E TROPICAL WAY
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	VP
NAME	GRESS, RODNEY
STREET ADDRESS	5161 S.W. 17TH COURT
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris M. Huber, Sec 4-22-06 954-729-6727