

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2008 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



02282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000901309
04/29/08-80064-001 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

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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

DORIS M. HUBER

Date

Daytime Phone #

954-792-6127

4-14-08