

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719718 (9)
1. Corporation Name
DAVIE APOSTOLIC CHURCH, INC.



Principal Place of Business: **6451 ORANGE DR DAVIE FL 33314**
Mailing Address: **6451 ORANGE DR DAVIE FL 33314**

3. Date Incorporated or Qualified: **11/19/1970**
3a. Date of Last Report: **08/23/1995**
4. FEI Number: **59-1894869**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PALEVO, MICHAEL
6453 ORANGE DR.
DAVIE FL 33314**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Michael Palevo* (NOTE: Registered Agent signature required when reinstating) DATE: **3-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFINKLE, WILLIAM	1.2 NAME	
STREET ADDRESS	7100 LEE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, ROLAND	2.2 NAME	
STREET ADDRESS	33 OKOMD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEVO, KATHLEEN	3.2 NAME	
STREET ADDRESS	6453 ORANGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUSEY, JAMES	4.2 NAME	Jones, Claude
STREET ADDRESS	5921 SW 52ND AVE	4.3 STREET ADDRESS	37 Okomo Dr. West.
CITY-ST-ZIP	DAVIE FL 33314	4.4 CITY-ST-ZIP	Hlwd, FL 33001
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEVO, MICHAEL	5.2 NAME	Palevo, Michael
STREET ADDRESS	6453 ORANGE DRIVE	5.3 STREET ADDRESS	6453 ORANGE DR
CITY-ST-ZIP	DAVIE FL 33314	5.4 CITY-ST-ZIP	DAVIE FL 33314
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Palevo* DATE: **3-19-96** Daytime Phone #: **84-184-7350**

CR2E037 (12/95)