**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00767 (6)

1. Corporation Name

APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 2601 RUSTIC LANE<br>NORTH FT MYERS FL 33903 | 2601 RUSTIC LANE<br>NORTH FT MYERS FL 33903 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1984
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2635467 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KLOPFENSTEIN, DARRELL<br>~~1024 NW 69 TERRACE~~ 7166 E. TROPICAL WAY<br>PLANTATION FL ~~33322~~ 33317 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | KELLER, ARTHUR | 1.2 NAME | ROBERT BAUM | |
| STREET ADDRESS | 711 TAPLOW | 1.3 STREET ADDRESS | 230 VINTAGE CIRCLE #403 | |
| CITY-ST-ZIP | SOUTH VENICE FL 33595 | 1.4 CITY-ST-ZIP | NAPLES, FL. 33999 | |
| TITLE | D | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | STEFEEN, MARVIN | 2.2 NAME | IVAN STOLLER | |
| STREET ADDRESS | 280 17TH STREET N.W. | 2.3 STREET ADDRESS | 14894 AMERICAN EAGLE CT. | |
| CITY-ST-ZIP | NAPLES FL 33964 | 2.4 CITY-ST-ZIP | FT. MYERS, FL. 33912 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YERGLER, RON | 3.2 NAME | | |
| STREET ADDRESS | ~~P.O. BOX 5248 D/A~~ 112/16A PENDLETON | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD FL 33224-1428 | 3.4 CITY-ST-ZIP | | |
| TITLE | C | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KLOPFENSTEIN, DARRELL | 4.2 NAME | | |
| STREET ADDRESS | ~~1024 NW 69 TERRACE~~ 7166 E. TROPICAL WAY | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION FL ~~33322~~ 33317 | 4.4 CITY-ST-ZIP | | |
| TITLE | T | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STOLLER, IVAN | 5.2 NAME | | |
| STREET ADDRESS | 14894 AMERICAN EAGLE CT | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | S | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BEER, DOROTHY | 6.2 NAME | | |
| STREET ADDRESS | 823 FT. THOMSON | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LABELLE FL | 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)(i), 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: Ivan Stoller IVAN STOLLER 4/3/95 813-577-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00000000