

2-5-97 B-1404
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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N00767 (6)

1. Corporation Name

APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS,
INCORPORATED

Principal Place of Business

Mailing Address

2801 RUSTIC LANE
NORTH FT MYERS FL 33900

2801 RUSTIC LANE
NORTH FT MYERS FL 33917-7108



3. Date Incorporated or Qualified
01/06/1984

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLOPFENSTEIN, DARRELL
1021 NW 93 TERRACE
PLANTATION FL 33322

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KELLER, ARTHUR
711 TAPLOW
SOUTH VENICE FL 33595

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STOLLER, IVAN
14894 AMERICAN EAGLE CT
FT MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAUM, ROBERT
7762 GARDNER DR #201
NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
KLOPFENSTEIN, DARRELL
1021 NW 93 TERRACE
PLANTATION FL 33322

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
STOLLER, IVAN
14894 AMERICAN EAGLE CT
FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BEER, DOROTHY
823 FT. THOMSON
LABELLE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
RONALD YERGLER
7132 TERBERRY
BINGLEWOOD, FL. 34224

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN STOLLER

1/28/97

941-597-7555

CR2E037 (9/96)