


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2801 RUSTIC LANE NORTH FT MYERS FL 33903	Mailing Address 2801 RUSTIC LANE NORTH FT MYERS FL 33903
--	--

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

3. Date Incorporated or Qualified 01/06/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2635467	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLOPFENSTEIN, DARRELL 1021 NW 93 TERRACE PLANTATION FL 33322	
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D KELLER, ARTHUR
STREET ADDRESS	711 TAPLOW
CITY-ST-ZIP	SOUTH VENICE FL 33595
TITLE	<input type="checkbox"/> DELETE
NAME	D YERGLER, RONALD
STREET ADDRESS	7132 TEABERRY
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BAUM, ROBERT
STREET ADDRESS	7762 GARDNER DR #201
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	C KLOPFENSTEIN, DARRELL
STREET ADDRESS	1021 NW 93 TERRACE
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	<input type="checkbox"/> DELETE
NAME	T STOLLER, IVAN
STREET ADDRESS	14894 AMERICAN EAGLE CT
CITY-ST-ZIP	FT MYERS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S BEER, DOROTHY
STREET ADDRESS	823 FT. THOMSON
CITY-ST-ZIP	LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JANE HUETTE
6.3 STREET ADDRESS	4819 S.W. AVE
6.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914

14. I 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: *Ivan Stoller* **IVAN STOLLER 1/26/98 941-577-7555**

CR2E037 (10/97)