FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Suite, Apt. #, etc.

City & State

Ζiρ

22

N00767

Country

9. Name and Address of Current Registered Agent

25

(6)

Suite, Apt. #, etc.

City & State

APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS, INCORPORATED

Principal Place of Business	Mailing Address	
2001 RUSTIC LANE NORTH FT MYERS FL 33903	2801 RUSTIC LANE NORTH FT MYERS FL 33903	
2. Principal Place of Business	2a. Mailing Address	

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FILED Feb 04 1998 8:00am Secretary of State



M

Yes 🗌

This corporation owes or has paid the current year Intangible

☐ No

☐ Yes

7. Is this nonprofit corporation a homeowners association?

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualified

59-2635467

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/06/1984 4. FEI Number

RLOPFENSTEIN, DARRELL 1021 NW 93 TERRACE PLANTATION FL 33322 84 City FL 85 Size Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1509, 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 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 spent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12.			81 Name				
PLANTATION FI. 33322 84 City		•	82 Street	Address (P.O. Box Number is Not Acceptable)			
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 and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE			02				
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office or registered agent, or both, in the State of Honda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the colligations of, Section 617-5053, Plorida Statutes. Signature Signature							
Signature hyped or printed parted agers and die if applicable. (NOTE: Registrated Agers signature recul-ind unit or containing) DATE	I — Office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered.						
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CITY-ST-ZIP LABELLE FL 6.4 CITY-ST-ZIP CAPE CORAL, FL. 33914	STREET ADDRESS		6.3 STREET ADDRESS				
				CAPE CORAL, FL. 33914			

Country

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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:

WISHELLE EDEDAN STOLLER 1/26

1/26/98 941-597-755