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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00767

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

5 8 7 3 9 9 0 0 0 9 - 4 7



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/06/1984

4. FEI Number

59-2635467

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

DOUGLAS R. SABO

82 Street Address (P.O. Box Number is Not Acceptable)

83

324 SOUTH DRIVE

84 City

NOKOMIS

FL

85 Zip Code

34275

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.

DOUGLAS R. SABO

6/21/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME YERGLER, RONALD
STREET ADDRESS 7132 TEABERRY
CITY-ST-ZIP ENGLEWOOD FL

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

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

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

TITLE ☐ DELETE
NAME HUETTE, JANE
STREET ADDRESS 4819 S.W. AVE
CITY-ST-ZIP CAPE CORAL FL 33914

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/99 941-597-7555

CR2E037 (11/98)