

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90058 031 ****61.25

DOCUMENT # N00767

1. Entity Name

**APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS,
 INCORPORATED**

Principal Place of Business

Mailing Address

**2801 RUSTIC LANE
 NORTH FT MYERS FL 33903**

**2801 RUSTIC LANE
 NORTH FT MYERS FL 33903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGLAS, SABO
 324 SOUTH DRIVE
 NOKOMIS FL 34275**

Name

Str



**Mr. Victor Beer
 823 Fort Thompson Ave.
 Labelle, FL 33935**

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in _____ of Florida.

SIGNATURE *Victor Beer* **VICTOR BEER TREAS.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MEISTER, LESTER**
 STREET ADDRESS **2121 COLLIER AVE**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **SABO, DOUGLAS**
 STREET ADDRESS **324 SOUTH DRIVE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **STOLLER, IVAN** **DECEASED**
 STREET ADDRESS **12712 DEVONSHIRE LAKES DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE ☒ Change ☐ Addition
 NAME **MINISTER & TREAS.**
 STREET ADDRESS **VICTOR BEER**
 CITY-ST-ZIP **823 FT. THOMPSON AVE,
 LABELLE, FL. 33935**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor Beer* **VICTOR BEER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 **863**
675-2664

CR2E037 (9/01)