

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00767

FILED
Jul 02, 2005
Secretary of State

Entity Name: APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS, INCORPORATED

Current Principal Place of Business:

2801 RUSTIC LANE
NORTH FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

2801 RUSTIC LANE
NORTH FT MYERS, FL 33903

New Mailing Address:

FEI Number: 59-2635467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEFFEN, MARVIN
3880 10TH AVENUE S E
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

MASTERS, WILLIAM
130 SW 57TH ST.
CAPE CORAL, FL 33914 US

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

SIGNATURE: WILLIAM R. MASTERS

07/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLER, ARTHUR,
Address: 711 TAPLOW
City-St-Zip: SOUTH VENICE, FL 33595

Title: D () Delete
Name: YERGLER, RONALD
Address: 7132 TEABERRY
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: MASTERS, WILLIAM
Address: 126 S W 57TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: C () Delete
Name: STEFFEN, MARVIN
Address: 3880 10TH AVE S E
City-St-Zip: NAPLES, FL 24117

Title: MT () Delete
Name: BEER, VICTOR
Address: 823 FT. THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: HUETTE, JANE
Address: 4819 S.W. AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MASTERS, WILLIAM
Address: 130 SW 57TH ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MASTERS

D

07/02/2005

Electronic Signature of Signing Officer or Director

Date