

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006733

1. Entity Name

THE ACREAGE CHURCH, INC.

**FILED**  
May 28, 2002 8:00 am  
Secretary of State

04-16-2002 90045 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

109 TWIN LAKES WAY  
ROYAL PALM BEACH FL 33411

109 TWIN LAKES WAY  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

Western Pines Middle

3. Mailing Address

14577 69 ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Loxahatchee, FL

City & State

W. Palm Bch, FL

City & State

Zip 33411 Country Palm Bch

Zip 33470 Country Palm Bch

4. FEI Number

65-1133968

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

FOSTER, JOHN  
501 S. FLAGLER DR  
FLAGLER CENTER SUITE 305  
WEST PALM BEACH FL 33401

Name

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

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 the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-02

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 P  
NAME MATZ, LARRY ☒ Delete  
STREET ADDRESS 109 TWIN LAKES WAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE Clyde Holt - Trustee ☐ Change ☒ Addition  
NAME 13883 46th Ct N  
STREET ADDRESS Royal Palm Beach, FL 33411  
CITY-ST-ZIP

TITLE V  
NAME JAMES, EDMUND ☐ Delete  
STREET ADDRESS 11057 59TH ST. N.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE Stanley Smelt - Trustee ☐ Change ☒ Addition  
NAME 16402 91st PL N  
STREET ADDRESS Loxahatchee, FL 33470  
CITY-ST-ZIP

TITLE S  
NAME GRADY, SUZANNE ☐ Delete  
STREET ADDRESS 16057 E. GRAND NATIONAL  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE Norman Miller - Trustee ☐ Change ☒ Addition  
NAME 13039 62 Ct N  
STREET ADDRESS Royal Palm Bch, FL 33412  
CITY-ST-ZIP

TITLE T  
NAME HARRIS, LISA ☐ Delete  
STREET ADDRESS 14577 69TH ST. N  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-02 561-333-0896

CR2E037 (9/01)