


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-24-2007 90046 023 ****61.25

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # N05000009159 1. Entity Name NAPKIN ROSES APOSTOLIC CHURCH, INC. | | | |  | |
| Principal Place of Business 1280 NW 79TH STREET #102 MIAMI FL 33147 | | | Mailing Address 1280 NW 79TH STREET #102 MIAMI FL 33147 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 41-2185029 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FFRENCH, DAVID U 1280 NW 79TH STREET #102 MIAMI FL 33147 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is not required when re-registering)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P FFRENCH, DAVID U 1280 NW 79TH STREET #102 MIAMI FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D FFRENCH, EVELYN 1280 NW 79TH STREET #102 MIAMI FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S WALTERS, SHEILA 1280 NW 79TH STREET #102 MIAMI FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D LEE, SHERANE 1280 NW 79TH STREET #102 MIAMI FL 33147 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>David U. French</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

(Sec)

Daytime Phone #