


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N17872 1. Entity Name <b>FAITH APOSTOLIC CHURCH OF VERO BEACH, FLORIDA, INC.</b>	
---	---

Principal Place of Business <b>1205 33RD AVE. S.W.          VERO BEACH, FL 32968</b>	Mailing Address <b>1205 33RD AVE. S.W.          VERO BEACH, FL 32968</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01032004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2805652</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUBLE, DAVID  
 1205 SW 33RD AVENUE  
 VERO BEACH, FL 32962**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHUBLE, DAVID 1205 33RD AVENUE, SW VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHUBLE, LINDA SUE 1205 33RD AVENUE, SW VERO BEACH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COATE, EUGENA 1915 20TH AVE, APT A VERO BEACH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACE, DANIEL 1275 33RD AVE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000000026  
 01/07/04-80002-009 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David M Schuble **DAVID M Schuble** 1/3/04 772-569-3145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #