## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N17872

1. Entity Name

FAITH APOSTOLIC CHURCH OF VERO BEACH, FLORIDA, INC.

Principal Place of Business

1205 33RD AVE. S.W. VERO BEACH, FL 32968

**FILED** Jan 09, 2006 08:00 AN **Secretary of State** 

Mailing Address

1205 33RD AVE. S.W. VERO BEACH, FL 32968



DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP

CR2E037 (11/05)

4. FEi Number 59-2805652 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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 Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulated when retristating)  OATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ     Trust Fund Contribution.	ing	\$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				000000380390 01/11/06-80012-004 61.25
TITLE NAME STREET ADDRESS CITY-SY-ZIP	SD SCHUBLE, LINDA SUE 1205 33RD AVENUE, SW VERO BEACH FL,				21, 11,00 00015 004 01,50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACE, DANIEL 1275 33RD AVE SW VERO BEACH, FL 32968			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					•

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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/bither like empowered.

David Schuble

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR