## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N17872

1. Entity Name

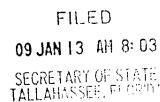
FAITH APOSTOLIC CHURCH OF VERO BEACH, FLORIDA, INC.



Principal Place of Business

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

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





01052009 No Chg-NP

CR2E037 (11/08)

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

VENO BEACH, TE 32302			IN THIS SPACE		
	named entity submits this statement for the lons of registered agent.	e purpose of changing its registered office	e or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registered Agent s	gnature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2009	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PTD SCHUBLE, DAVID 1205 33RD AVENUE, SW VERO BEACH, FL	RECTORS	000140445070 01713/0901006011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUBLE, LINDA SUE 1205 33RD AVENUE, SW VERO BEACH FL,				
THILE 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 NAME STREET ADDRESS					00.10.

12. I hereby certify that the information supplied with this filing 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 other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/5/09

772-569-3145

Daytime Phone #