

2009 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

Mailing Address

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

FILED

09 JAN 13 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052009 No Chg-NP

CR2E037 (11/08)

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2009**

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
MACE, DANIEL
1275 33RD AVE SW
VERO BEACH, FL 32968

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000140445070
01/13/09--01006--011 **61.25

**DO NOT WRITE
IN THIS SPACE**

cc 1/21

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/09

772-569-3145