

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22682**

1. Entity Name  
**APOSTOLIC CHRISTIAN CHURCH (NAZAREAN) OF  
HOLLYWOOD, INC.**



Principal Place of Business  
**1713 DEWEY ST.  
HOLLYWOOD, FL 33020 US**

Mailing Address  
**1713 DEWEY ST.  
HOLLYWOOD, FL 33020 US**



01082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0004702** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROMAN PENTSA  
641 SW 68 BLVD.  
PEMBROKE PINES, FL 33023**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE **SD**  
NAME **MERI, NIKOLSON**  
STREET ADDRESS **5570 44TH WAY**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **TD**  
NAME **PENTSA, ROMAN**  
STREET ADDRESS **641 SW 68 BLVD**  
CITY-ST-ZIP **PEMBROKE PINES, FL 32023**

TITLE **PD**  
NAME **NIKOLSON, JOE**  
STREET ADDRESS **5570 44TH WAY**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000451769  
03/01/06-80067-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Roman Pentsa, Treasurer* **ROMAN PENTSA, TREASURER**

**03-24-06**

**954-962-6879**

Date

Daytime Phone if