

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90032 043 ****61.25

DOCUMENT # N39658

1. Entity Name

APOSTOLIC CHRISTIAN CHURCH OF NORTH PORT, INC.



Principal Place of Business

**8064 PRICE BLVD.
PO BOX 7581
NORTH PORT FL 34287**

Mailing Address

**8064 PRICE BLVD.
PO BOX 7581
NORTH PORT FL 34287**

94027030



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2155097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POHANKA, PERRY
1642 JEWEL DR
SARASOTA FL 34240**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WEINHARDT, KONRAD**
STREET ADDRESS **2392 VANCE TERR.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **PT** ☐ Delete
NAME **POHANKA, PERRY**
STREET ADDRESS **1642 JEWEL DR**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **S** ☐ Delete
NAME **SPEVAK, GRACE**
STREET ADDRESS **7490 PRICE BLVD**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **PD** ☐ Delete
NAME **HERTIG, MAX**
STREET ADDRESS **3200 BAY RIDGE WAY**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **D** ☐ Delete
NAME **GETZ, PAUL**
STREET ADDRESS **13961 LONG LAKE LN**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **D** ☐ Delete
NAME **BOROS, DANIEL**
STREET ADDRESS **7 GENOA DR.**
CITY-ST-ZIP **WARM MINERAL SPRINGS FL 34287**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LEITENBERGER, Tony**
STREET ADDRESS **14461 Bridge View Lane**
CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/4/04

941-925-2049

Date

Daytime Phone #