

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90082 029 \*\*\*\*69.90

<b>DOCUMENT # N42893</b>	
1. Entity Name <b>THE APOSTOLIC CHURCH IN AMERICA, INC.</b>	



Principal Place of Business <b>INSIDE MARRIOTT HOTEL 2825 NE 191ST STREET MIAMI, FL 33180 US</b>	Mailing Address <b>1045 NE 171 TERR NO MIAMI BEACH, FL 33162 US</b>
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40112322



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04072007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0259958</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>CLAHAR, RANSFORD G. 1045 NE 171ST TERRACE N. MIAMI BEACH, FL 33162</b>	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	D CLAHAR, RANSFORD G. 1045 NE 171 TERRACE N. MIAMI BCH., FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAHAR, RUTH M. 1045 NE 171 TERRACE N. MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETT, YVONNE 15060 SW 147TH PLACE MIAMI, FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYE, RICHARD F 6404 MAYO STREET HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, BARBARA M 18700 NE 3RD COURT, APT 611 N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAMADOR, BERNICE A 182 NW 95 STREET MIAMI SHORES, FL 33150 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CLAHAR, RANSFORD G. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary CLAHAR, RUTH M. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALMADOVAR, BERNICE A. Correct spelling <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ala. Row 4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #