

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90071 012 ****61.25

0058644

DOCUMENT # N42921

1. Corporation Name

APOSTOLIC PENTECOSTAL CHURCH OF WAUCHULA, INC.

Principal Place of Business

3059 ELM STREET
ZOLFO SPRINGS FL 33890
US

Mailing Address

P.O. BOX 2033
WAUCHULA FL 33873-2033



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/11/1991

4. FEI Number

65-0260155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FORD, MATTHEW J
1132 DOWNING CIRCLE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

J. Matthew Ford - J. MATTHEW FORD

1/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS FORD, MATTHEW J
CITY-ST-ZIP 1132 DOWNING CIRCLE
WAUCHULA FL 33873

TITLE ☐ DELETE

NAME SD
STREET ADDRESS MAYNARD, KATHRYN
CITY-ST-ZIP 1136 DOWNING CIRCLE
WAUCHULA FL 33873

TITLE ☒ DELETE

NAME D
STREET ADDRESS SHOPTAW, SALLY
CITY-ST-ZIP 1144 DOWNING CIRCLE
WAUCHULA FL 33873

TITLE ☒ DELETE

NAME D
STREET ADDRESS RIGNEY, GLORIA
CITY-ST-ZIP 1203 N E HICKORY
ARCADIA FL 34266

TITLE ☒ DELETE

NAME D
STREET ADDRESS STATON, ARNOLD
CITY-ST-ZIP 205 N E PARK DRIVE
WAUCHULA FL 33873

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
1.3 STREET ADDRESS ROBERT H. FORD
1.4 CITY-ST-ZIP 316 ORANGE STREET East
WAUCHULA, FL. 33873

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS MICHAEL RIGNEY
2.4 CITY-ST-ZIP 1203 N E HICKORY
ARCADIA, FL. 34266

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Matthew Ford J. MATTHEW FORD 1/13/99

Date

941-735-8498

Daytime Phone #

CR2E037 (11/98)