

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90219 037 ****70.00

DOCUMENT # N94000000481

1. Entity Name

APOLLO BEACH COMMUNITY CHURCH, INC.

Principal Place of Business

6414 GOLF & SEA BLVD.
 APOLO BEACH FL 33572

Mailing Address

6414 GOLF & SEA BLVD.
 APOLO BEACH FL 33572

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

HILLSBOROUGH

Zip

Country

HILLSBOROUGH

4. FEI Number

59-3210482

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAM K. WALLINGFORD
501 FIREFLY LANE
APOLLO BEACH FL 33572

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FRANK, JOSEPH
741 FLAMINGO DR
APOLLO BEACH FL 33572 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WARNER, GEORGE
302 2ND AVE S.E
RUSKIN FL 33570 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
MORRIS, DONNA
11915 CEDARFIELD DR
RIVERVIEW FL 33569 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
BRATE, DAVID J
8605 STONER WOODS DRIVE
RIVERVIEW FL 33569 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CLARK, MICHAEL L
1408 BEACH CLUB LANE
APOLLO BEACH FL 33572 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
LAMEDIN, TOM
1721 SURREY TRAIL
WIMAUMA, FL 33598 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MICHELFELDER, DAVID
636 COTTONWOOD LANE
APOLLO BEACH, FL 33572 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MORRIS, HUGH
11915 CEDARFIELD DR.
RIVERVIEW, FL 33569 ☐ Change ☒ Addition

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

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

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

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:

JOSEPH FRANK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (813) 645-8837
 Date Daytime Phone #

CR2E037 (10/00)