

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90727 038 *****61.25

DOCUMENT # N94000000481

1. Entity Name

APOLLO BEACH COMMUNITY CHURCH, INC.



Principal Place of Business	Mailing Address
6414 GOLF & SEA BLVD. APOLLO BEACH FL 33572	6414 GOLF & SEA BLVD. APOLLO BEACH FL 33572

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

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

MORRIS, HUGH
11915 CEDARFIELD DR
RIVERVIEW FL 33569

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 _____
 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 Florida Department of State
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10.10	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERTO, LOPEZ 1028 APOLLO BEACH BLVD APOLLO BEACH FL 33572	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, MICHAEL L 1408 BEACH CLUB LANE APOLLO BEACH FL 33572	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAY, GRACE 1007 RIVER DR RUSKIN FL 33570	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ALBERT 109 ISLAND WATER WAY APOLLO BEACH FL 33572	☐ 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	D MICHELFELDER, DAVID 636 COTTONWOOD LANE APOLLO BEACH FL 33572	☒ Delete

11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT	☒ Change	☐ Addition
NAME	HUGH MORRIS		
STREET ADDRESS	11915 CEDAR FIELD DR.		
CITY-ST-ZIP	RIVERVIEW FL 33569		
TITLE	VICE PRESIDENT	☒ Change	☐ Addition
NAME	JIM KEARNEY		
STREET ADDRESS	208 LAKE WAY LANE		
CITY-ST-ZIP	APOLLO BEACH FL 33572		
TITLE	TREASURER	☒ Change	☐ Addition
NAME	CAROLYN WARNER		
STREET ADDRESS	203 2ND AVE SE		
CITY-ST-ZIP	RUSKIN, FL 33570		
TITLE	DEACON	☐ Change	☒ Addition
NAME	ALBERT GREENE		
STREET ADDRESS	109 ISLAND WATER WAY		
CITY-ST-ZIP	APOLLO BEACH FL 33572		
TITLE	DEACON	☐ Change	☒ Addition
NAME	MICHAEL L. CLARK		
STREET ADDRESS	1408 BEACH CLUB LANE		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		
TITLE	DEACON	☒ Change	☐ Addition
NAME	FRANK CROCKETT		
STREET ADDRESS	516 FIREFLY LANE		
CITY-ST-ZIP	APOLLO BEACH FL 33572		

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: Glenn T. H. Warner 4-3-03 645-264

CR2E037 (10/02)