

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 6:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005053 (3)

1. Corporation Name

ACREAGE PINES COMMUNITY CHURCH OF ROYAL PALM BEACH, INCORPORATED

Principal Place of Business

Mailing Address

11512 42ND RD N
ROYAL PALM BEACH FL 33411

1120 ROYAL PALM BEACH BLVD
BOX 403
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/10/1994

4. FBI Number

65-0527724

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. *Acree Pines Comm. Ch. School*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. *Orange Boulevard*

27

City & State

City & State

23. *Royal Palm Beach, FL*

28

Zip

Zip

24. *33411*

25

USA

29

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELAND, JEFFREY
15518 79TH CT N
LOXAHATCHEE FL 33470

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CALDWELL, DENNIS

STREET ADDRESS

11512 42ND RD N

CITY - ST - ZIP

ROYAL PALM BEACH FL 33411

TITLE

VD

NAME

SHARPE, DONALD G

STREET ADDRESS

11578 56TH PL N

CITY - ST - ZIP

ROYAL PALM BEACH FL 33411

TITLE

STD

NAME

LOVELAND, JEFFREY

STREET ADDRESS

15518 79TH CT N

CITY - ST - ZIP

LOXAHATCHEE FL 33470

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

James A. Conducc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

(407) 795-6785