## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 18 1997 8:00am

Secretary of State

1997
DOCUMENT #

Principal Place of Business

N9400005053 (3)

Mailing Address

## ACREAGE PINES COMMUNITY CHURCH OF ROYAL PALM BEACH, INCORPORATED

ACREAGE PINES COMM. EL. SCHOOL ORANGE BLVD				1120 ROYAL PALM BEACH BLVD BOX 403					
ROYAL PALM BEACH FL 33411 US			ROYA	ROYAL PALM BEACH FL 33411-1607				3. Date Incorporated or Qualified 10/10/1994 3a. Date of Last Report 04/29/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				65-0527724   Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				SR 75 Additional	
22				27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
····	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,	
24 25				30				Florida Statutes Yes Yo No  10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent						61. Name			
LOUPLAND IPPPOPU									
LOVELAND, JEFFREY 15518 79TH CT N				82			Street A	Address (P.O. Box Number is Not Acceptable)	
LOXAHATCHEE FL 33470						3	· · · · · · · · · · · · · · · · · · ·		
					8	4	City	FL 85 Zip Code	
11. Pursuant 1	to the provisi	ions of Sections 617.05	02 and 617	7.1508, Florida Statut	tes, the abo	ve	-named o		
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.									
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SIGNATURE _	Signature, typed	or printed name of registered ag	gent and title if	applicable (NO)	TE Registered A	ger	nt signature r	required when reinstating) DATE	
12.		OFFICERS AN			13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD			☐ DELETE	1.1 TITLE	Ē		Directors Scretny/Masurer   Change Addition	
NAME	CALDW	ELL, DENNIS			1.2 NAM	E		Fritsch, Bill	
STREET ADORESS	ALTIC COUR PR 11					ET/	ADDRESS	15668 77th Place North	
CITY-ST-ZIP	DOVAL DALLA DEAOU EL 00444					- ST	r-ZIP	Loxahatchee, FL 33470	
TITLE	VD			DELETE	2.1 TITLE	E		Director, President Change Addition	
NAME	TREEN.	TAMMY			2.2 NAM	E	ļ	Treen, Robert	
STREET ADDRESS	147 GALIANO STREET					2.3 STREET ADDRESS		147 Galiana Street	
CHTY-ST-ZIP	55.00					2.4 CITY-ST-ZIP		Royal Palm Beach 1 FL 33411	
TITLE	STD			DELETE	3.1 TITLI	E		Director Vice-President Change Addition	
NAME		ND, JEFFREY			32 NAM	IE.	- 1	Loveland, Jeffrey	
STREET ADDRESS						ET.	ADDRESS	15518 79th Court North	
CITY - ST - ZIP							T-ZIP	Loxahatchee, FL 33470	
TITLE				☐ DELETE	4.1 TITLE			Director . Change Addition	
NAME					4. 2 NAN	<b>AE</b>		Caldwell, Denge ( A)	
STREET ADDRESS					4.3 STRE	EET.	ADDRESS	LUCIA IN AD KOON NOTA	
City-St-ZiP					4.4 CITY			Royal Pain Beach, FL 38411	
TITLE				DELETE	5.1 TITLE	_		☐ Change ☐ Addition	
NAME					5.2 NAM		ŀ		
STREET ADDRESS							ADDRESS		
					5.4 CITY		I		
CITY-ST-ZIP				DELETE	6.1 TITL	_	"	Change Addition	
NAME					6.2 NAM				
							ADORESS		
STREET ADDRESS	l				0.5 51NI	CE1	PLUTICAS	1	

14. I do 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 indicate does not 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