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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000005053

1. Corporation Name

ACREAGE PINES COMMUNITY CHURCH OF ROYAL PALM BEACH, INCORPORATED

Principal Place of Business

ACREAGE PINES COMM. EL. SCHOOL
ORANGE BLVD
ROYAL PALM BEACH FL 33411
US

Mailing Address

1128 ROYAL PALM BEACH BLVD
BOX 403
ROYAL PALM BEACH FL 33411
US



2. Principal Place of Business

21 Acreage Pines Comm. El. School

2a. Mailing Address

26

3. Date Incorporated or Qualified
10/10/1994

Suite, Apt. #, etc.

22 Orange Blvd.

Suite, Apt. #, etc.

27

4. FEI Number

65-0527724

Applied For

Not Applicable

City & State

23 Loxahatchee, FL

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 33470

Country

25 US

Zip

29

Country

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOVELAND, JEFFREY
15518 79TH CT N
LOXAHATCHEE FL 33470

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

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 **D**
Caldwell, Dennis
STREET ADDRESS **11512 42ND RD N**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE

NAME **DST**
Fritsch, Bill
STREET ADDRESS **15668 77TH PLACE NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE

NAME **DVP**
LOVELAND, JEFFREY
STREET ADDRESS **15518 79TH CT N**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE

NAME **DP**
Treen, Robert
STREET ADDRESS **147 GALIANA STREET**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **D/VP**
Fritsch, Bill
STREET ADDRESS **15668 77th Place North**
CITY-ST-ZIP **Loxahatchee, FL 33470**

3.1 TITLE ☒ Change ☐ Addition

NAME **DVP**
LOVELAND, JEFFREY
STREET ADDRESS **15518 79th Ct. N.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

4.1 TITLE ☒ Change ☐ Addition

NAME **D**
Treen, Robert
STREET ADDRESS **147 Galiano Street**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

5.1 TITLE ☐ Change ☒ Addition

NAME **D/T**
Potts, Marc
STREET ADDRESS **134 Miramar Avenue**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

6.1 TITLE ☐ Change ☒ Addition

NAME **D/S**
Tatham, Paul
STREET ADDRESS **133 Raven Court**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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: *James Caldwell* 1/19/99 511-795-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)