

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 033 ****70.00

DOCUMENT #

1. Entity Name *Acreage Pines Community Church of Royal Palm Beach, Inc.*
NA40000005053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14200 Orange Blvd.

3. Mailing Address

Pmb 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1128 Royal Palm Beach Blvd.

City & State

Loxahatchee, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey Loveland

Street Address (P.O. Box Number is Not Acceptable)

15518 79th Court North

City

Loxahatchee

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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	<i>Director, President (D,P) Mare Potts 134 Miramar Avenue Royal Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Vice-President (D,V) Jeffrey Loveland 15518 79th Court North Loxahatchee, FL 33470</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Secretary-Treasurer (D,S,T) Dennis Caldwell 11512 42nd Rd. North Royal Palm Beach, FL 33411</i>
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Dennis A. Caldwell *Dennis Caldwell* *4/22/02* *561-795-7084*

CR2E037B (12/01)