2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005053

1. Entity Name
ACREAGE PINES COMMUNITY CHURCH OF ROYAL PALM BEACH, INCORPORATED

Principal Place of Business	Mailing Address
14200 ORANGE BLVD. LOXAHTCHEE, FL 33411 US	PMB 403 1128 ROYAL PALM BCH BLVD ROYAL PALM BEACH, FL 33411 US

01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0527724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, DENNIS A
11512 42ND ROAD NORTH
ROYAL PALM BEACH, FL 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001131332
01/24/05-80170-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CALDWELL, DENNIS A
STREET ADDRESS	11512 42ND RD N
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	DVP
NAME	WILBER, RON
STREET ADDRESS	7611 AVOCADO BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	DP
NAME	SCHMIDT, JOHN
STREET ADDRESS	1251 CROWN PT
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Dennis A. Caldwell 1/19/05 561-795-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #