

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 006 \*\*\*\*70.00

DOCUMENT # N95000006027

1. Entity Name

CITY OF PALMS APOSTOLIC CHURCH, INC.



Principal Place of Business

1807 VERONICA SCHUMAKER BLVD  
FORT MYERS FL 33916

Mailing Address

3150 AFAYETTE ST  
FT. MYERS FL 33916



2. Principal Place of Business - No P.O. Box #

1807 Veronica Schumaker Blvd

3. Mailing Address

3150 LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

ft. myers FL

City & State

ft. MYERS FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip  
33916

Country  
USA

Zip  
33916

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROUPE, VERNA LEE REV.  
3150 LAFAYETTE ST  
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TROUPE, VERNA L  
STREET ADDRESS 3150 LAFAYETTE ST  
CITY-STATE-ZIP FT. MYERS FL 33916

TITLE SD ☐ Delete  
NAME KENDRICK, JOHNNIE M  
STREET ADDRESS 3437 JEFFCOTT STREET  
CITY-STATE-ZIP FT. MYERS FL 33916

TITLE D ☐ Delete  
NAME MOORE, FREDDIE R  
STREET ADDRESS 715 HARLEM ACADEMY BLVD.  
CITY-STATE-ZIP CLEWISTON FL 33440

TITLE TD ☐ Delete  
NAME TROUPE, ROBERT L  
STREET ADDRESS 3150 LAFAYETTE ST  
CITY-STATE-ZIP FT. MYERS FL 33916

TITLE AS ☐ Delete  
NAME ISAAC, GLORIA  
STREET ADDRESS 4036 EDGEWOOD AVE  
CITY-STATE-ZIP FORT MYERS FL 33916

TITLE D ☐ Delete  
NAME KENDRICK, PAMELA L  
STREET ADDRESS 3437 JEFFCOTT STREET  
CITY-STATE-ZIP FT. MYERS FL 33916

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rev Verna Lee Troupe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2007

Date

Daytime Phone #