2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2008 8:00 am
Secretary of State
05-30-2008 90215 034 ****70.00

DOCUMENT # N95000006027

1. Entity Name

CITY OF PALMS APOSTOLIC CHURCH, INC.

Principal Place of Business	Mailing Address
1807 VERONICA SCHUMAKER BLVD FORT MYERS FL 33916	3150 LAFAYETTE ST FT. MYERS FL 33916

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TROUPE, VERNA L 3150 LAFAYETTE ST FT. MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moore, Freddie R 715 Harlem Academy Blvd. Clewiston, Fl. 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENDRICK, JOHNNIE M 3437 JEFFCOTT STREET FT. MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, FREDDIE R 715 HARLEM ACADEMY BLVD. CLEWISTON FL 33440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Johnson MARY LEE 3219 50th St. Ft. Myers FL 33916	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TROUPE, ROBERT L 3150 LAFAYETTE ST FT. MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ISAAC, GLORIA 4036 EDGEWOOD AVE FORT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENDRICK, PAMELA L 3437 JEFFCOTT STREET FT. MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 5/16/08 (239) 332-1568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 6601 4580
49500006027

6/18/08
Please delete
Mary Lee Johnson
+ add last to the list
Freddie Moore

Thanks
Mrs. Troupe

LEE MEMORIAL HEALTH SYSTEM