

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006027

FILED
Apr 30, 2009
Secretary of State

Entity Name: CITY OF PALMS APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

1807 VERONICA SCHUMAKER BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

1807 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916

Current Mailing Address:

3150 LAFAYETTE ST
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROUPE, VERNA L
Address: 3150 LAFAYETTE ST
City-St-Zip: FT. MYERS, FL 33916

Title: SD () Delete
Name: KENDRICK, JOHNNIE M
Address: 3437 JEFFCOTT STREET
City-St-Zip: FT. MYERS, FL 33916

Title: D () Delete
Name: MOORE, FREDDIE R
Address: 715 HARLEM ACADEMY BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: TD () Delete
Name: TROUPE, ROBERT L
Address: 3150 LAFAYETTE ST
City-St-Zip: FT. MYERS, FL 33916

Title: AS () Delete
Name: ISAAC, GLORIA
Address: 4036 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: KENDRICK, PAMELA L
Address: 3437 JEFFCOTT STREET
City-St-Zip: FT. MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNA L TROUPE

REV

04/30/2009

Electronic Signature of Signing Officer or Director

Date