SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # N96000004286 (8)

ANGLICAN APOSTOLIC CHURCH INTERNATIONAL INC

Mailing Address Principal Place of Business 3. Date Incorporated or Qualified 740 NW 43RD AVENUE 740 NW 43RD AVENUE PLANTATION FL 33317 PLANTATION FL 33317 08/16/1996 4. FEI Number Applied For 65-0690362 Not Applicable 2. Principal Place of Business 2a. Mailing Address **\$8.75** Additional 5. Certificate of Status Desired Fee Required 26 21 \$5.00 May Be Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing Added to Fees **Trust Fund Contribution** 22 27 City & State 7. Is this nonprofit corporation a homeowners association? City & State __YesNo 23 28 Country 8. This corporation owes or has paid the current year intangible Zip Country Zip **¥** No Personal Property Tax due June 30. _ Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HANLAN, RAYMOND G REV 82 Street Address (P.O. Box Number is Not Acceptable) 740 NW 43RD AVENUE 83 PLANTATION FL 33317 Zip Code 84 City 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE TITLE Change Addition DELETE 1.2 NAME NAME HANLAN, RAYMOND G REV 1.3 STREET ADDRESS STREET ADDRESS 740 NW 43RD AVENUE 1.4 CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP 2.1 TITLE Change TITLE DELETE 2.2 NAME NAME MORALES, LUCIO 125 NE 15TH AVENUE., APT 202 2.3 STREET ADDRESS STREET ADDRESS <u>n. Miami FL 33161</u> 2.4 CITY-ST-ZIP CITY-ST-ZIP X Change 3.1 TITLE TITLE DELETE 3.2 NAME NAME FAIRWEATHER, JUNE HANLAN, LEONIE 5098 NW 41ST COURT 3.3 STREET ADDRESS STREET ADDRESS 6510 SW 16TH COURT 3.4 CITY-ST-ZIP <u>Lauderdale lakes fl 33319</u> POMPANO BEACH, FL 33068 CITY-ST-ZIP 4.1 TITLE Change Addition TITLE DELETE 4.2 NAME NAME POPE, SANDRA 4.3 STREET ADDRESS 4507 CARAMBOLA CIRCLE S. STREET ADDRESS 4.4 CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-ZIP 5.1 TITLE Change Addition TITLE DELETE 5.2 NAME HENRYS, PATRICIA ESQ NAME FAIRWEATHER, JUNE 5.3 STREET ADDRESS 5098 NW 41ST COURT STREET ADDRESS 12440 MOSS RANCH ROAD CITY-ST-ZIP <u>miami FL 33156</u> 5.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 6.1 TITLE Change ___ Addition TITLE DELETE 6.2 NAME CHADWICK, WARREN NAME KELLY, SUSAN 6.3 STREET ADDRESS STREET ADDRESS 7825 FAIRWAY BLVD 4611 SW 30TH WAY

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119:07(3)ti). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if channel or one an attachment with an address. 6.4 CITY-ST-ZIP

SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Aug 12 1998 8:00am

Secretary of State