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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001472 (6)**

1. Corporation Name

APOPKA EASTSIDE CHURCH OF CHRIST, INCORPORATED

Principal Place of Business

Mailing Address

**508 SAND AVENUE
APOPKA FL 32703**

**508 SAND AVENUE
APOPKA FL 32703**

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3439 476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No *Does Not*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAPLEY, JAMES L
1734 GRAND OAK DRIVE
APOPKA FL 32703**

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

BROWN, STEVE

STREET ADDRESS

312 SANDPIPER DR.

CITY-ST-ZIP

CASSELBERRY FL 32707

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

☒ DELETE

NAME

CAULDER, FRED

STREET ADDRESS

449 HOMER AVE.

CITY-ST-ZIP

LONGWOOD FL 32750

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

☒ DELETE

NAME

CLIFTON, LLOYD

STREET ADDRESS

2016 LAKE ALMA AVE.

CITY-ST-ZIP

APOPKA FL 32712

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME

GREEN, RANDY

STREET ADDRESS

2510 DUQUESNE

CITY-ST-ZIP

APOPKA FL 32712

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME

KELLEY, MIKE

STREET ADDRESS

1128 SLAYDEN CT.

CITY-ST-ZIP

APOPKA FL 32712

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME

PIERCE, JAMES

STREET ADDRESS

211 CALDWELL ST.

CITY-ST-ZIP

APOPKA FL 32712

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mike Kelley

CR2E037 (1097)