MOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002993 (0)

| SECRETARY OF STATE |   |
|--------------------|---|
|                    | ۱ |

| GREATER APOSTLE FAITH CHURCH, INC.   |  |   |                                    |   |  |  |  |
|--|--|---|------------------------------------|---|--|--|--|
|  |  |   |                                    |   |  |  |  |
| Principal Place of Business Mailing Address  |  |   |                                    |   |  |  |  |
| 4886 ANDROS<br>W. PALM BEA   |  | 4886 ANDROS DRIVE<br>W. PALM BEACH FL 33407 |                                    | 3. Date Incorporated or Qualified 05/22/1997  |  |  |  |
| 1  |  | - /   |                                    | 4. FEI Number Applied For Not Applied For Not Applicable  |  |  |  |
| 2 Principal B  | S.w. Magnolia &  | 2a. Mailing Address                         |                                    | Not Applicable  Societificate of Status Posited  \$8.75 Additional                                  |  |  |  |
|  |  |   | nt Run Bli                         | 5. Certificate of Status Desired Fee Required   |  |  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                         |                                    | 6. Election Campaign Financing \$5.00 May Be  |  |  |  |
| 22 City & Stat   |  | City & State                                |                                    | Trust Fund Contribution Added to Fees  . 7. Is this nonprofit corporation a homeowners association? |  |  |  |
|  | liantown, Florida  | 28 West-PalmP                               | reach Flori                        |   |  |  |  |
| Zin  | Country  | Zip   | Country                            | 8. This corporation owes or has paid the current year Intangible                                    |  |  |  |
| 24 3 \$9   | 56 25 Micrim   | 29 334(15 31                                | Palm Beach                         | Personal Property Tax due June 30. Yes WNo  10. Name and Address of New Registered Agent            |  |  |  |
| or realise and rea |  |   |                                    |   |  |  |  |
| 5,505 5  | OT ITO L OD  |   | or reamo                           | PIERCE, Rother L.Sr.  |  |  |  |
|  | PIERCE, ROTHER L SR.  82 Street Address (P.O. Box Number is Not Acceptable)  4886 ANDROS DRIVE |   |                                    |   |  |  |  |
|  | BEACH FL <del>33407</del>  |   | 83 152                             | - Pheasant Run Blvd   |  |  |  |
|  |  |   | 24 Cib.                            | 95 Zin 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  |  |   |                                    |   |  |  |  |
| 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   |  |  |  |
| IIITE  | D  | DELETE                                      | 1.1 TITLE                          | Change Addition   |  |  |  |
| NAME   | PIERCE, ROTHER L SR.   |   | 1.2 NAME                           | Rierce, Kother L. St.   |  |  |  |
| STREET ADORESS   | 4886 ANDROS DRIVE  |   | 1.3 STREET ADDRESS                 | Rierce, Rother L. Sr.<br>152 Pheasant Run Blud<br>West Palm Beach Florida 33415                     |  |  |  |
| CITY-ST-ZIP  | W. PALM BEACH FL-33407   | DELETE                                      | 1.4 CITY-ST-ZIP<br>2.1 TITLE       | D Change Addition   |  |  |  |
|  | PIERCE, DEBRA S  | Nereie                                      | 2.2 NAME                           | Pierce, Debra S.D.  |  |  |  |
| STREET ADDRESS   | 4886-ANDROS-DRIVE  |   | 2.3 STREET ADDRESS                 | 152 Pheasant Run Blvd   |  |  |  |
| CITY-ST-ZIP  | W. PALM BEACH FL-83407-  |   | 2.4 CITY-ST-ZIP                    | 152 Pheasant Run Bird<br>West Palm Beach Florida 33415  |  |  |  |
| TITLE  | D  | DELETE                                      | 3.1 TITLE                          | Change Addition   |  |  |  |
| NAME   | ALDRIDGES, CHERYL D  |   | 3.2 NAME                           | Aldrige; Chery O.   |  |  |  |
| STREET ADDRESS   | 14522 S.W. MARTIN LUTHER KING  | G, JR. BLVD.                                | 3.3 STREET ADDRESS                 | 14522 S.W. martin bether King Jr Brud<br>Incliantown Monda 33 9486                                  |  |  |  |
|  | W. PALM BEACH FL 93407   |   | 3.4 CITY-ST-ZIP                    | notiantown 1015Ma3366456  |  |  |  |
| TITLE  |  | DELETE                                      | 4.1 TITLE                          | Change D Addition   |  |  |  |
| NAME   |  |   | 4.2 NAME                           | Thompson, Liressay  |  |  |  |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Follow 830 // A 34956   |  |  |  |
| CITY-ST-ZIP<br>T[]LE   |  | Пент  | 5,1 TITLE                          | Change Addition   |  |  |  |
| MAME   |  | DELETE                                      | 5.2 NAME                           |   |  |  |  |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                 | 0000027094606<br>-12/10/9801094012  |  |  |  |
| CKY-ST-ZIP   |  |   | 5.4 CITY-ST-ZIP                    | **************************************  |  |  |  |
| TITLE  |  | DELETE                                      | 6.1 TITLE                          | Change Addition   |  |  |  |
| NAME   |  |   | 6.2 NAME                           |   |  |  |  |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                 | 15 hlalac #10   |  |  |  |
| CITY-ST-ZIP  |  |   | 6.4 CITY-ST-ZIP                    | 0147178 116   |  |  |  |
| 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  |  |   |                                    |   |  |  |  |
| 1 indicated  | this as as an as a supplemental or   | sound ropper in this and accurat            | a and that my cianati              | ite spall pave the same legal effect as it made figuet daill, that I am                             |  |  |  |