


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90003 039 \*\*\*\*62.00

<b>DOCUMENT # N97000002993</b>					
<b>1. Entity Name</b> GREATER APOSTLE FAITH CHURCH, INC.					
<b>Principal Place of Business</b> 17111 S.W. MAGNOLIA STREET INDIANTOWN, FL 34956			<b>Mailing Address</b> 800 DELLAGO CIRCLE # 201 PALM BEACH GARDENS, FL 33410		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05212007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0783316				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PIERCE, DEBRA S 800 DEL LAGO CIRCLE SUITE 201 PALM BEACH GARDENS, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P PIERCE, DEBRA S 800 DEL LAGO CIR SUITE 24 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	CD PIERCE, ERNIE B 6787 MITHCELL STREET JUPITER, FL 33458	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Debra S Pierce</i>		Date: 6-11-07		Daytime Phone #: (561) 775-4518	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 40120612

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## Annual Report Online Filing

Document Number N97000002993

Business Entity Name GREATER APOSTLE FAITH CHURCH, INC.

FEI Number 650783316

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 17111 S.W. MAGNOLIA STREET

Suite, Apt. #, etc.

City, State INDIANTOWN, FL

Zip Code & Country 34956

### Mailing Address

Address 800 DELLAGO CIRCLE

Suite, Apt. #, etc. # 201

City, State PALM BEACH GARDENS, FL

Zip Code & Country 33410

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) PIERCE, DEBRA, S

- OR -

Business to serve as RA

Address 800 DEL LAGO CIRCLE

Suite, Apt. #, etc. SUITE 201

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40120612

# N97000002993

City, State

PALM BEACH GARDENS, FL

Zip Code &amp; Country

33410 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

PIERCE, DEBRA, S

- OR -

Entity Name to serve as Officer/Director

Street Address

800 DEL LAGO CIR SUITE 201

City, State

PALM BEACH GARDENS, FL

Zip Code &amp; Country

33410

**Name And Address #2**

Title

CD

Name (Last, First, Middle, Title)

PIERCE, ERNIE, B

- OR -

Entity Name to serve as Officer/Director

Street Address

6787 MITHCELL STREET

City, State

JUPITER, FL

Zip Code &amp; Country

33458

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

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#N9700002993

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

*Pelia S. Pene*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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