

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002993

1. Entity Name
GREATER APOSTLE FAITH CHURCH, INC.



Principal Place of Business
17111 S.W. MAGNOLIA STREET
INDIANTOWN, FL 34956

Mailing Address
800 DELLAGO CIRCLE
201
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0783316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, DEBRA S
800 DEL LAGO CIRCLE
SUITE 201
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PIERCE, DEBRA S
STREET ADDRESS 800 DEL LAGO CIR SUITE 24
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE CD ☒ Delete
NAME PIERCE, ERNIE B
STREET ADDRESS 6787 MITHCELL STREET
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
100136891861
10/14/08--01005--008 **62.00

☒ Change ☒ Addition
CD
Fatilga Thompson
17111 S.W. Magnolia Street
Indiantown Fl 34956

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Debra S. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/08
Date

861 775 4518
Daytime Phone #

27210/9