

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90135 024 ****61.25

DOCUMENT # 848094

1. Entity Name

THE CHURCH IN THE LORD JESUS CHRIST OF THE APOST

Principal Place of Business

Mailing Address

2449 CALVARY ROAD
 HARTSVILLE SC 29550

2449 CALVARY ROAD
 HARTSVILLE SC 29550-7167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0485153

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, LUCIOUS
1840 NORTHWEST 24TH TERR.
FT. LAUDERDALE FL 33310

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AP	<input type="checkbox"/> Delete
NAME	TISDALE, JOE C.	
STREET ADDRESS	P.O. BOX 486 N/A	
CITY-ST-ZIP	KINGSTREE SC	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	SWINNEY, BOYKIN, JR.	
STREET ADDRESS	1014 MARION STREET	
CITY-ST-ZIP	FLORENCE, SC.	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MARYLAND	
STREET ADDRESS	212 GREGG ST.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREEN, HARRY, JR.	
STREET ADDRESS	509 HUNTER DR.	
CITY-ST-ZIP	HARTSVILLE SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, DAVID	
STREET ADDRESS	RT. 4 BOX 446 N/A	
CITY-ST-ZIP	HARTSVILLE SC 29550	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, LUCIOUS	
STREET ADDRESS	1840 NORTHWEST 24TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucious Daniels Sec. 119.07(3)(i) 843-2325661
 Date Daytime Phone #

CR2E037 (9/99)