QUINCY, FL 32351				
Current Mailing Address:				
P. O. BOX 436 GRENTA, FL 32332 US				
FEI Number: 71-0960903			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
GAMMON, ODIS 867 HOWELL RD. QUINCY, FL 32352 US				
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: GAMMON, ODIS				
SIGNATURE	: GAMMON, ODIS			05/03/2019
SIGNATURE	: GAMMON, ODIS Electronic Signature of Registered Agent			05/03/2019 Date
SIGNATURE Officer/Direc	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	VP	
Officer/Diree	Electronic Signature of Registered Agent	Title Name	VP GAMMON, ODIS	
Officer/Dired	Electronic Signature of Registered Agent ctor Detail : OTHER			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : OTHER GAMMON, BRICKLER 867 HOWELL RD	Name	GAMMON, ODIS	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : OTHER GAMMON, BRICKLER 867 HOWELL RD	Name Address	GAMMON, ODIS 867 HOWELL RD	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : OTHER GAMMON, BRICKLER 867 HOWELL RD QUINCY FL 32352	Name Address City-State-Zip:	GAMMON, ODIS 867 HOWELL RD QUINCY FL 32352	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : OTHER GAMMON, BRICKLER 867 HOWELL RD QUINCY FL 32352 P	Name Address City-State-Zip: Title	GAMMON, ODIS 867 HOWELL RD QUINCY FL 32352 C/D	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001407

Entity Name: UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

15 MADISON ST S QUINCY, FL 32351

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ODIS GAMMON

City-State-Zip: QUINCY FL 32352

VP

City-State-Zip: TALLAHASSEE FL 32317

FILED May 03, 2019 Secretary of State 4399762064CC

Electronic Signature of Signing Officer/Director Detail

Date