

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90058 003 \*\*\*\*70.00

**DOCUMENT # 734774**

1. Entity Name

**THE APOSTOLIC CHRISTIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

900 CYPRESS ROAD  
P. O. BOX 304  
ST. AUGUSTINE FL 32085  
US900 CYPRESS ROAD  
P. O. BOX 304  
ST. AUGUSTINE FL 32085  
US**508954**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

900 Cypress Rd, P.O. Box 304  
Suite, Apt. #, etc.Same As Above  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

Applied For

St. Augustine, FL

**59-1949965**

Not Applicable

Zip

Country

Zip

Country

32086

St. Johns

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

BROWN, HOMER  
900 CYPRESS RD.  
BOX 304  
ST.AUGUSTINE FL 32085

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	PD	<input type="checkbox"/> Delete
NAME	BROWN, HOMER	
STREET ADDRESS	900 CYPRESS RD.	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ANGELA	
STREET ADDRESS	2644 ISABELLA AVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	APD	<input type="checkbox"/> Delete
NAME	BROWN, KEITH	
STREET ADDRESS	2644 ISABELLA AVE.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:** *Homer Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)