

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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1995 JAN 27 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735010 (1)
1. Corporation Name
THE CHRISTIAN MISSION APOSTOLIC CHURCH, INC.

Principal Place of Business: 232 N.W. 9TH ST. Ocala FL 32675
Mailing Address: 232 N.W. 9TH ST. Ocala FL 32675

2. Principal Place of Business: 21 Suite, Apt. #, etc.
2a. Mailing Address: 26 Suite, Apt. #, etc.
23 City & State
24 Zip 34475 25 Country
27 City & State
28 Zip 34475 29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1976
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2406896 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, JAMES P.
734 N.W. 14TH AVE.
OCALA FL 34475

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James Williams (Signature) DATE: 01-21-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, BISHOP JAMES
STREET ADDRESS	734 NW 14TH AVE
CITY-ST-ZIP	OCALA FL
TITLE	TD
NAME	WILLIAMS, FANNIE
STREET ADDRESS	734 NW 14TH AVE
CITY-ST-ZIP	OCALA FL
TITLE	SD
NAME	BROWN, LONNIE
STREET ADDRESS	516 SW FT KING
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	GLOVER, JANNIE L
STREET ADDRESS	232 NW 9 ST
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	DUPREE, EVELYN
STREET ADDRESS	232 NW 9 STR
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	DUPREE, OTIS
STREET ADDRESS	232 NW 9 STR
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT L. ANDERSON	
1.3 STREET ADDRESS	484 WATER CT	
1.4 CITY-ST-ZIP	OCALA, FL 34472	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FANNIE WILLIAMS (Signature) DATE: 01-21-95 / 904-861-0673