

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34475 US**  
Mailing Address: **232 N.W. 9TH ST. Ocala FL 34475 US**

3. Date Incorporated or Qualified: **02/20/1976**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2406896</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WILLIAMS, JAMES P. 734 N.W. 14TH AVE. OCALA FL 34475</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **(JW) REV. JAMES WILLIAMS** DATE: **JUNE 3, 1996**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, BISHOP JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>734 NW 14TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, FANNIE</b>	2.2 NAME	<b>T.O. WILLIE R HOLMES</b>
STREET ADDRESS	<b>734 NW 14TH AVE</b>	2.3 STREET ADDRESS	<b>615 MARTIN LUTHER KING DR</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>HIGH SPRING, FL 32643</b>
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, LONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>516 SW FT KING</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLOVER, JANNIE L</b>	4.2 NAME	
STREET ADDRESS	<b>232 NW 9 ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPREE, EVELYN</b>	5.2 NAME	<b>C.O. ROBERT C. ANDERSON</b>
STREET ADDRESS	<b>232 NW 9 STR</b>	5.3 STREET ADDRESS	<b>484 WATER CT</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>OCALA, FL 34472</b>
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPREE, OTIS</b>	6.2 NAME	<b>O. WILLIE F. HOWELL</b>
STREET ADDRESS	<b>232 NW 9 STR</b>	6.3 STREET ADDRESS	<b>815 MAGNOLIA ST</b>
CITY-ST-ZIP	<b>OCALA FL</b>	6.4 CITY-ST-ZIP	<b>VALDOSTA, GA 31601</b>

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)(k), 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: **Robert C. Anderson (C.O.)** DATE: **6/3/96 (352) 687-3481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)