

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 34475-5116
US3. Date Incorporated or Qualified
02/20/19763a. Date of Last Report
06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2406896

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JAMES P.
734 N.W. 14TH AVE.
OCALA FL 34475

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, BISHOP JAMES
STREET ADDRESS 734 NW 14TH AVE
CITY - ST - ZIP Ocala FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE ~~TD~~
NAME ~~WILLIE R. HOLMES~~
STREET ADDRESS ~~815 MARTIN LUTHER KING DR.~~
CITY - ST - ZIP ~~HIGH SPRINGS FL~~
☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
TO
NORDICE REED
232 NW 9 STREET
OCALA, FL 34475
☒ Change ☐ AdditionTITLE SD
NAME BROWN, LONNIE
STREET ADDRESS 516 SW FT KING
CITY - ST - ZIP Ocala FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE ~~D~~
NAME ~~GLOVER, JANNIE L~~
STREET ADDRESS ~~232 NW 9 ST~~
CITY - ST - ZIP ~~OCALA FL~~
☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE CD
NAME ROBERT L. ANDERSON
STREET ADDRESS 484 WATER CT.
CITY - ST - ZIP Ocala FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE D
NAME WILLIE F. HOWELL
STREET ADDRESS 815 MAGNOLIA ST.
CITY - ST - ZIP VALDOSTA GA
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 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 L. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-97

352-687-3481

Date

Daytime Phone # 0065657

CR2E037 (9/96)