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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90011 020 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735010

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2406896	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

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 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, BISHOP JAMES			1.2 NAME			
STREET ADDRESS	734 NW 14TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REED, NORDICE			2.2 NAME			
STREET ADDRESS	232 NW 9 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, LONNIE			3.2 NAME			
STREET ADDRESS	516 SW FT KING			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT L. ANDERSON			4.2 NAME			
STREET ADDRESS	484 WATER CT.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIE F. HOWELL			5.2 NAME			
STREET ADDRESS	815 MAGNOLIA ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	VALDOSTA GA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

Robert L. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-01-99
Date

(352)

687-3481
Daytime Phone #

CR2E037 (11/98)