

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90110 006 ****61.25

DOCUMENT # 735010

1. Entity Name

THE CHRISTIAN MISSION APOSTOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

232 N.W. 9TH ST.
 Ocala FL 34475
 US

232 N.W. 9TH ST.
 Ocala FL 34475-5116
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2406896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 Delete
 NAME **PD WILLIAMS, BISHOP JAMES**
 STREET ADDRESS **734 NW 14TH AVE**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD REED, NORDICE**
 STREET ADDRESS **232 NW 9 STREET**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME **TD Sanders, Leroy Jr**
 STREET ADDRESS **2605 N. Adams St**
 CITY-ST-ZIP **Plant City FL, FL 33566**

TITLE Delete
 NAME **SD BROWN, LONNIE**
 STREET ADDRESS **516 SW FT KING**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME **SD Beard, Claudette**
 STREET ADDRESS **14484 N. E. 11th Ct.**
 CITY-ST-ZIP **Ft. McCoy FL**

TITLE Delete
 NAME **CD ROBERT L. ANDERSON**
 STREET ADDRESS **484 WATER CT.**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME **CD Beard, Hodges**
 STREET ADDRESS **14484 N. E. 11th Ct**
 CITY-ST-ZIP **Ft. McCoy FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE RE *Claudette Beard* 4-11-00 (352) 236-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)