

2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

TITLE SD
NAME Beard, Claudette
STREET ADDRESS 14484 N 61st Ct
CITY-ST-ZIP Ft. McCoy FL ☒ Change ☒ Addition

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

TITLE CD
NAME Beard, Hodges
STREET ADDRESS 14484 N 61st Ct
CITY-ST-ZIP Ft. McCoy FL ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2406896
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)