

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90008 029 ****61.25

DOCUMENT # 735010

1. Entity 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

734 N.W. 14th AVENUE

Suite, Apt. #, etc.

Ocala Florida 34475

City & State

Ocala, FL 34475

Zip

34475

Country

US

3. Mailing Address

734 N.W. 14th AVENUE

Suite, Apt. #, etc.

Ocala, FL 34475

City & State

Ocala, FL 34475

Zip

34475

Country

US



DO NOT WRITE IN THIS SPACE

4. FEE Number 59-2406896

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name WILLIAMS, JAMES P.

Street Address (P.O. Box Number is Not Acceptable)

734 N.W. 14th AVENUE

City Ocala

FL

Zip Code 34475

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
After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BISHOP JAMES	
STREET ADDRESS	734 NW 14TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REED, NORDICE	
STREET ADDRESS	232 NW 9 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LONNIE	
STREET ADDRESS	516 SW FT KING	
CITY-ST-ZIP	OCALA FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ROBERT L. ANDERSON	
STREET ADDRESS	484 WATER CT.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP LEE A. JACKSON	
STREET ADDRESS	P.O. BOX 732	
CITY-ST-ZIP	ORANGE LAKE, FLA 32081	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDNA FANCE	
STREET ADDRESS	2640 TURKEY OAKLANE	
CITY-ST-ZIP	TALLAHASSEE, FLA 32305	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY VAZQUEZ	
STREET ADDRESS	734 N.W. 14 th AVENUE	
CITY-ST-ZIP	OCALA, FLA 34475	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP W.T. HOWELL	
STREET ADDRESS	734 N.W. 14 th AVENUE	
CITY-ST-ZIP	OCALA, FLA 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/01 352-867-0673

Date

Daytime Phone #

CR2E037 (5/01)