

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751034

1. Entity Name

THE UNITED CHURCH OF JESUS CHRIST, OF THE APOSTO

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90077 014 ****70.00

Principal Place of Business

Mailing Address

MADDUX, ALISA
 ROUTE 3, BOX 346-P
 LAKE BUTLER FL 32054
 US

MADDUX, ALISA
 ROUTE 3, BOX 346-P
 LAKE BUTLER FL 32054-8400
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2116538**

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

ALISA MADDUX
 ROUTE 3, BOX 346-P
 LAKE BUTLER FL 32054

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | <input type="checkbox"/> Delete |
| NAME | DORMAN, BELVELY | |
| STREET ADDRESS | PO BOX 2632 N A | |
| CITY-ST-ZIP | LAKE CITY FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MADDUX, ALISA | |
| STREET ADDRESS | ROUTE 3 BOX 346-P | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FORD, JOHN | |
| STREET ADDRESS | RT 3 BOX 29M | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Alisa Maddux **Alisa Maddux** April 18, 2000 **752-7585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)