

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763409

1. Entity Name

CHURCH OF JESUS, APOSTOLIC FAITH, INCORPORATED

Principal Place of Business

131 WASHINGTON STREET
ORMOND BEACH FL 32174-6339

Mailing Address

131 WASHINGTON STREET
ORMOND BEACH FL 32174-6339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

26-7421553

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, NORA
400 LINCOLN ST.
TITUSVILLE FL 32014

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN, CHARLES	
STREET ADDRESS	1026 BERKSHIRE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, RUFUS	
STREET ADDRESS	400 LINCOLN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FREEMAN, NORA	
STREET ADDRESS	400 LINCOLN STREET	
CITY-ST-ZIP	TITUSVILLE 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: CHARLES FREEMAN DATE: 4-24-2000 DAYTIME PHONE: 404 263 3596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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

05-05-2000 90023 023 ****61.25