

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857715

1. Entity Name

THE TRUE-WAY APOSTOLIC CHURCH OF JESUS CHRIST, I

Principal Place of Business

Mailing Address

RT 4 BOX 379R
QUINCY FL 32351

RT 4 BOX 379R
QUINCY FL 32351-9460

FILED

00 MAY 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

23-7133030

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

FITTEN, BISHOP W R
RT. 4, BOX 379R
QUINCY FL 32351

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 ☐ Delete
NAME FITTEN, WILLIE R.
STREET ADDRESS RT. 4 BOX 379R
CITY-ST-ZIP QUINCY FL

TITLE VT ☒ Delete
NAME JACKSON, WILLIE JAMES
STREET ADDRESS RT 1 BOX 1295
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE SD ☐ Delete
NAME ALLEN, STEVEN E
STREET ADDRESS RT 5 BOX 205-P
CITY-ST-ZIP QUINCY FL 32351

TITLE ASD ☐ Delete
NAME WOODS, GLORIA
STREET ADDRESS RT 4 BOX 219 (N/A)
CITY-ST-ZIP GRETN FL 32332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VT ☐ Change ☐ Addition
NAME Min Keith Hubbard
STREET ADDRESS P.O. Box 40
CITY-ST-ZIP Gretna Fl 32332

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

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

TITLE ☐ Change ☐ Addition
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: Bishop W R Fitten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-2000

Date

Daytime Phone #

CR 1037 (9/99)