

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/30

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90389 047 \*\*\*\*61.25

DOCUMENT # N00000002706

1. Entity Name

APOSTOLIC CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

3413 S HOPKINS AVE  
 TITUSVILLE FL 32780

3413 S HOPKINS AVE  
 TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

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	P	<input type="checkbox"/> Delete
NAME	MCLEMORE, THOMAS	
STREET ADDRESS	3413 S HOPKINS AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEMORE, ESSIE	
STREET ADDRESS	3413 S HOPKINS AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, CHRISTOPHER	
STREET ADDRESS	3413 S HOPKINS AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Mclemore	
STREET ADDRESS	4142 Lillian Ct	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Essie Mclemore	
STREET ADDRESS	4142 Lillian Ct.	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Bryant	
STREET ADDRESS	5361 Commander PL	
CITY-ST-ZIP	Orlando, FL 32822	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407-249-0863

Daytime Phone #

CR2E037 (10/00)