

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90001 049 ****61.25

0012191

DOCUMENT # N00000004215

1. Entity Name

THE CHRISTIAN BELIEVERS ASSEMBLY INC.

Principal Place of Business

**3642 PERRY DRIVE
 JACKSONVILLE FL 32218**

Mailing Address

**3642 PERRY DRIVE
 JACKSONVILLE FL 32218**

2. Principal Place of Business

3642 PERRY DR

Suite, Apt. #, etc.

3. Mailing Address

3642 PERRY DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

Zip

32218

Country

DUVAL

City & State

JACKSONVILLE FLA

Zip

32218

Country

DUVAL

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

**MCCLAIN, ORIN G REV.
 ROUTE 2 BOX 3568
 HILLIARD FL 32046**

7. Name and Address of New Registered Agent

Name **PASTOR ORIN G MCCLAIN**

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

RT 2 BOX 3568

City

Hilliard

FL

Zip Code

32046

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

Pastor Orin G Mcclain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-01

**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 **D** ☐ Delete
 NAME **CROSBY, BETTY S**
 STREET ADDRESS **3241 VIKKI ROAD**
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **D** ☐ Delete
 NAME **MCCLAIN, SUSAN F**
 STREET ADDRESS **ROUTE 2 BOX 3568**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **D** ☐ Delete
 NAME **WADE, RICHARD S**
 STREET ADDRESS **1131 SPRATT STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ Delete
 NAME **JONES, ANDRE**
 STREET ADDRESS **1131 SPRATT STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Pastor Orin G Mcclain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-01 904-726-8873

CR2E037 (10/00)