

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 18, 2001 8:00 am**
Secretary of State

04-13-2001 90067 002 *****70.00

DOCUMENT # N00000006202

1. Entity Name

THE CHURCH OF THE HOLY BIBLE (APOSTOLIC), INC.

Principal Place of Business

**1554 NONA STREET NE
PALM BAY FL 32907**

Mailing Address

**1554 NONA STREET NE
PALM BAY FL 32907**

2. Principal Place of Business

2155 PALM BAY RD, N.E.

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 2

City & State

PALM BAY, FLORIDA

City & State

Zip

32905

Country

U.S.A.

Zip

Country

4. FEI Number

59-3671199

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'MEALLY, COLIN G
1554 NONA STREET NE
PALM BAY FL 32907**

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	PRESIDENT (PASTOR)	<input type="checkbox"/> Delete
NAME	COLIN G. O'MEALLY	
STREET ADDRESS	1554 NONA STREET NE	
CITY-ST-ZIP	PALM BAY, FLORIDA, 32907	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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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 (PASTOR)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN G. O'MEALLY	
STREET ADDRESS	1554 NONA ST. NE	
CITY-ST-ZIP	PALM BAY, FLORIDA. 32907	

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE E. O'MEALLY	
STREET ADDRESS	1554 NONA ST. NE	
CITY-ST-ZIP	PALM BAY, FL. 32907	

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN G. O'MEALLY	
STREET ADDRESS	1554 NONA ST. NE	
CITY-ST-ZIP	PALM BAY, FLORIDA 32907.	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA E. RAYNOR	
STREET ADDRESS	1245 PALM BAY RD. N.E.	
CITY-ST-ZIP	PALM BAY, FL. 32905.	

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. (President)

SIGNATURE:

COLIN G. O'MEALLY**COLIN G. O'MEALLY**

Date

Daytime Phone #

**321 722 9637
321 674 2232**

CR2E037 (10/00)