

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90912 046 \*\*\*\*\*70.00

**DOCUMENT # N00000006202**

1. Entity Name

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



Principal Place of Business

**2155 PALM BAY ROAD NE  
SUITE # 2  
PALM BAY FL 32905**

Mailing Address

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

2. Principal Place of Business

**6050 BARBOCK ST., S.E.**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE # 20**

**PALM BAY, FLORIDA**

City & State

**32909**

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PD                              | <input type="checkbox"/> Delete |
| NAME           | O'MEALLY, COLIN G               |                                 |
| STREET ADDRESS | 1554 NONA ST NE                 |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32907               |                                 |
| TITLE          | SD                              | <input type="checkbox"/> Delete |
| NAME           | O'MEALLY, JOYCE E               |                                 |
| STREET ADDRESS | 1554 NONA ST NE                 |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32907               |                                 |
| TITLE          | TD                              | <input type="checkbox"/> Delete |
| NAME           | O'MEALLY, COLIN G               |                                 |
| STREET ADDRESS | 1554 NONA ST NE                 |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32907               |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | RAYNOR, BARBARA E               |                                 |
| STREET ADDRESS | 1245 PALM BAY ROAD NE APT O-204 |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32905               |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | HENRY-DAVIS, ZELMA M            |                                 |
| STREET ADDRESS | 611 AMERICANA BLVD NE           |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32907               |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| 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    |                          |  |
| 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          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | VERNICE BARNES           |  |
| STREET ADDRESS | 1072 TAHITI AVE, S.E.    |  |
| CITY-ST-ZIP    | PALM BAY, FLORIDA, 32909 |  |

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: **Colin O'Meally, Pres. COLIN OMEALLY 04/10/03 321 722 9637**

CR2E037 (10/02)