

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90273 027 ****61.25

DOCUMENT # N01000002239

1. Entity Name
APOSTOLIC ASSEMBLY OF THE LORD JESUS CHRIST, INC

Principal Place of Business Mailing Address
1025 9TH SQUARE **1025 9TH SQUARE**
VERO BEACH FL 32960 **VERO BEACH FL 32960**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1787 Old Dixie Hwy *1025 9th Square*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH, Florida *Florida*

Country Zip Country
32960 *Indian River* *32960* *Indian River*

4. FEI Number Applied For
65-1109376 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEGG, ROBERT L
1428 21ST ST
VERO BEACH FL 32960

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	WILLIAMS, GORDON G	
STREET ADDRESS	1025 9TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDWELL, TONY	
STREET ADDRESS	1025 9TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, TODD	
STREET ADDRESS	1025 9TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VELIE, ANTHONY	
STREET ADDRESS	1025 9TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL 32960	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP Caldwell, Tony</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>1787 Old Dixie Hwy</i>	
CITY-ST-ZIP	<i>VERO BEACH, FL 32960</i>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>COX, TODD</i>	
STREET ADDRESS	<i>1787 Old Dixie Hwy</i>	
CITY-ST-ZIP	<i>VERO BEACH, FL 32960</i>	
TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Velie Anthony</i>	
STREET ADDRESS	<i>1787 Old Dixie Hwy</i>	
CITY-ST-ZIP	<i>VERO BEACH, FL 32960</i>	
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]* Date: *4/12/02* Daytime Phone #: *561-529-8341*

CR2E037 (9/01)

Internal Revenue Service

**Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156**



Date: June 5, 2001

Tax Employee Number: 0716934125

TO:	KEVIN L BAILEY	FAX:	561-567-0427
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	APOSTOLIC ASSEMBLY OF THE LORD JESUS CHRIST INC	Employer ID #	65-1109376
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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