

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90154 005 ****61.25

DOCUMENT # N02000001953

1. Entity Name

**THE APOSTOLIC CHURCH OF OUR LORD JESUS CHRIST, I
NC.**



Principal Place of Business

**3700 W ROBINSON ST
ORLANDO FL 32805**

Mailing Address

**PO BOX 618281
ORLANDO FL 32861**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

45-0474099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMER, SR., ALVIN BISHOP
3700 W ROBINSON ST
ORLANDO FL 32805**

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 **P** ☐ Delete
NAME **PALMER, SR., ALVIN BISHOP**
STREET ADDRESS **PO BOX 618281**
CITY-ST-ZIP **ORLANDO FL 32861**

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

TITLE **V** ☐ Delete
NAME **ROBINSON, E.J. BISHOP**
STREET ADDRESS **4389 VILLAGE SQUARE DR**
CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

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

TITLE **D** ☐ Delete
NAME **PALMER, MARGARET F**
STREET ADDRESS **PO BOX 628281**
CITY-ST-ZIP **ORLANDO FL 32861**

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

TITLE **D** ☐ Delete
NAME **ROBINSON, DENISE**
STREET ADDRESS **4389 VILLAGE SQUARE DR**
CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

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

TITLE **D** ☒ Delete
NAME **WILLIAMS, KEVIN D**
STREET ADDRESS **2092 PATTERSON AVE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Change ☒ Addition
NAME **Beatrice F. Davis**
STREET ADDRESS **1205 Vizcaya Lakes Rd. #109**
CITY-ST-ZIP **Occoee, Florida 34761-6969**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margaret F. Palmer* **MARGARET F PALMER** 3/15/03 407-293-3030

CR2E037 (10/02)