

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90034 019 \*\*\*\*70.00

DOCUMENT # N93000005001

1. Entity Name

ASSEMBLIES OF CHRIST INT'L., INC.

Principal Place of Business

Mailing Address

213 EAST 13TH STREET  
PANAMA CITY FL 32401C/O WESLEY ODLE, JR.  
1929 W. 24TH STREET  
PANAMA CITY FL 32405-2221  
US

BU013832

2. Principal Place of Business

3. Mailing Address

1000 N. McKenzie Ave  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-3213308

Applied

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODLE, WESLEY JR  
1929 W. 24TH STREET  
PANAMA CITY FL 32405

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

Wesley Odle, Jr.

(NOTE: Registered Agent signature required when reinstating)

1-25-00

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ODLE, WESTLEY P	
STREET ADDRESS	1929 W. 24TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Odle, Wesley P.	Correct
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ODLE, CARMA	
STREET ADDRESS	1929 W. 24TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ODLE, WESLEY III	
STREET ADDRESS	3123 HIKES LANE	
CITY-ST-ZIP	LOUISVILLE KY 40220	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

1-25-00

914-002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #