

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000Q05001**

1. Entity Name

ASSEMBLIES OF CHRIST INT'L., INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90027 040 ****70.00

0015923

Principal Place of Business	Mailing Address
1000 N MCKENZIE AVE PANAMA CITY FL 32401	C/O WESLEY ODLE, JR. 1929 W. 24TH STREET PANAMA CITY FL 32405 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

A0006861

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3213308	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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:

Wesley Odle, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

1-850-913-1929

Daytime Phone #

CR2E037 (10/00)