

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003962

1. Entity Name

OLD PATH APOSTOLIC CHURCH, INCORPORATED

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 009 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2866
 PENSACOLA FL 32513

P.O. BOX 2866
 PENSACOLA FL 32513-2866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293371

Applied For

Not Applicable.

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

MOULTRIE, FRED APOSTLE
 2238 KINGFISHER WAY
 PENSACOLA FL 32513

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

TITLE ☐ Delete
 NAME DD
 STREET ADDRESS MOULTRIE, FRED
 CITY-ST-ZIP 2238 KINGFISHER WAY
 PENSACOLA FL

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS MOULTRIE, PATIRCIA A
 CITY-ST-ZIP 2238 KINGFISHER WAY
 PENSACOLA FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOULTRIE, BEABORN D
 CITY-ST-ZIP 303 LOUISIANA DR.
 PENSACOLA FL

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

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS UNDERWOOD, JAMES
 CITY-ST-ZIP 264 E CROSS
 PENSACOLA FL

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

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS COUNCIL, DENITA
 CITY-ST-ZIP P.O. BOX 9486
 PENSACOLA FL

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

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS FERGUSON, GREGG
 CITY-ST-ZIP 3251 S HIGHWAY 97
 PENSACOLA FL

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 850-484-3153

Date

Daytime Phone #

CR2E037 (9/99)