

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006866

1. Entity Name

ONENESS APOSTOLIC CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

1718 N. GOLDING ROD RD  
ORLANDO FL 32807

Mailing Address

901 WAGES WAY  
ORLANDO FL 32825-6684

2. Principal Place of Business

1718 N. Goldenrod Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCLANE, J. BROCK  
1221 W. COLONIAL DR., SUITE 200  
ORLANDO FL 32804

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMUDA, GEORGE B	
STREET ADDRESS	901 WAGES WAY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MALCOLM, CECIL L	
STREET ADDRESS	5204 MONTAGUE PL	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TINGLING, NOULETTE	
STREET ADDRESS	906 WAGES WAY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUDA, Dawn	
STREET ADDRESS	901 WAGES WAY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Charmine	
STREET ADDRESS	8311 Golden Chickasaw Circle	
CITY-ST-ZIP	Orlando, FL 32825	
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		
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:

*George B Samuda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

Daytime Phone # 407-757 9743

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90120 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)