

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006866

1. Entity Name

ONENESS APOSTOLIC CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

1718 N. GOLDENROD RD
ORLANDO FL 32807

Mailing Address

901 WAGES WAY
ORLANDO FL 32825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
NAME SAMUDA, GEORGE B
STREET ADDRESS 901 WAGES WAY
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE TD
NAME SARUDA, DAWN
STREET ADDRESS 901 WAGES WAY
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE DS
NAME JOHNSON, CHARMINE
STREET ADDRESS 8311 GOLDEN CHICKASAW CIR
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DS
NAME Novelt Tingling
STREET ADDRESS 7931 Chediston Circle
CITY-ST-ZIP Orlando FL 32825 ☒ Change ☐ Addition

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

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

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

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 Samuda GEORGE SAMUDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02

407-737-8743

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)