

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

US3021/D

DOCUMENT # N98000007249

1. Entity Name

APOSTOLIC INTERNATIONAL MISSIONS INCORPORATED

03-18-2002 90182 028 ****61.25

Principal Place of Business

**1105 HWY. 92 WEST
 AUBURNDALE FL 33823-9588**

Mailing Address

**1105 HWY. 92 WEST
 AUBURNDALE FL 33823-9588**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, EMORY
 1105 HWY. 92 WEST
 AUBURNDALE FL 33823-9588**

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 **CD** Delete
 NAME **SIMMONS, EMORY**
 STREET ADDRESS **1105 HWY. 92 WEST**
 CITY-ST-ZIP **AUBURNDALE FL 33823-9588**

TITLE **STD** Delete
 NAME **SIMMONS, RUBY**
 STREET ADDRESS **1105 HWY. 92 WEST**
 CITY-ST-ZIP **AUBURNDALE FL 33823-9588**

TITLE **D** Delete
 NAME **SIMMONS, DUANE**
 STREET ADDRESS **1105 HWY. 92 WEST**
 CITY-ST-ZIP **AUBURNDALE FL 33823-9588**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Emory Simmons* **SIGNATURE REQUIRED** **Simmons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

863 667 0510

Date

Daytime Phone #

CR2E037 (9/01)