

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 004 ****61.25

DOCUMENT # **N99000006099**

1. Entity Name

**THE TRUE CHURCH OF JESUS
CHRIST APOSTOLIC INC.**

DO NOT WRITE IN THIS SPACE

B0126696

2. Principal Place of Business

1011 SOUTH DIVISION AVE

Suite, Apt. #, etc.

3. Mailing Address

1952 EXCALIBUR DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

593606641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAMELA ALLEN

Street Address (P.O. Box Number is Not Acceptable)

1952 EXCALIBUR DR

City

ORLANDO

FL

Zip Code

32822

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PAMELA ALLEN
1952 EXCALIBUR DR
ORLANDO, FL 32822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
JENNIFER BEADLE
8603 SPRING CONE CT.
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
AUDREY HAYLETT
115 COSMOS DR
ORLANDO, FL 32807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Pamela Allen

6-20-02 WIT 273-0027

CR2E037B (12/01)