

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02829

1. Entity Name

CHURCH OF JESUS CHRIST (APOSTOLIC) INCORPORATED

R

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90009 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 450249  
 SUNRISE FL 33345

P.O. BOX 450249  
 SUNRISE FL 33345-0249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 450249

3. Mailing Address

PO BOX 450249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE FL

4. FEI Number

23-7158231

Applied For

Not Applicable

Zip

Country

33345

Zip

Country

33345

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

WILLIAMS, REV. C.M.E.  
 6045 18 ST S  
 ST PETERSBURG FL 33712

Name

Rev. CME Williams

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

6045 18th ST S

City

ST PETERSBURG FL

Zip Code

33712

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

*Rev. C.M.E. Williams* 7/20/00

**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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, BISHOP R.C.	
STREET ADDRESS	691-11TH AVENUE	
CITY-ST-ZIP	PATERSON NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELCH, REV. J.N.	
STREET ADDRESS	664 EAST 29TH STREET	
CITY-ST-ZIP	PATERSON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKOY, REV. W.G.	
STREET ADDRESS	455 EAST 29TH STREET	
CITY-ST-ZIP	PATERSON NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMERON, MRS. LINDA M.	
STREET ADDRESS	317 EAST 32ND STREET	
CITY-ST-ZIP	PATERSON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKE, DEACON W.A.	
STREET ADDRESS	5 HENRY STREET	
CITY-ST-ZIP	PATERSON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, REV. C.M.E.	
STREET ADDRESS	691-11TH AVENUE	
CITY-ST-ZIP	PATERSON NJ	

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	
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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: *C.M.E. Williams* 7/20/00 (20) 864-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)