

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90080 037 \*\*\*\*61.25

**DOCUMENT # P33955**

1. Entity Name

**ASSOCIATION OF CHURCH MISSIONS COMMITTEES, INC.**

Principal Place of Business

116 PEACHTREE COURT  
FAYETTEVILLE GA 30215  
US

Mailing Address

P.O. BOX 3929  
PEACHTREE CITY GA 30269-7929  
US

2. Principal Place of Business

4201 North Peachtree Road

3. Mailing Address

(Same as #2)

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30341

Country

USA

Zip

Country

4. FEI Number

23-7444531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEGRANDE, LARRY  
13607 DORNOCH DR  
ORLANDO FL 32828

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	D	<input checked="" type="checkbox"/> Delete
NAME	GROH, GREG	
STREET ADDRESS	10316 N. FLANDERS CT.	
CITY-ST-ZIP	MEQUON WI 53092-5211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NARRAMORE, KATHY	
STREET ADDRESS	2426 SARANDI GRANDE	
CITY-ST-ZIP	HACIENDA HEIGHTS CA 91745	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, WOODY	
STREET ADDRESS	ACMC, INC. 116 PEACHTREE CT	
CITY-ST-ZIP	FAYETTEVILLE GA 30215	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, BOB	
STREET ADDRESS	THE CHAPEL, 135 FIR HILL	
CITY-ST-ZIP	AKRON OH 44304	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, PHYLLIS	
STREET ADDRESS	919 CONESTOGA RD, BLDG 1, #303	
CITY-ST-ZIP	ROSEMONT PA 19010	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAMP, BRUCE	
STREET ADDRESS	ACMC, INC. 116 PEACHTREE CT.	
CITY-ST-ZIP	FAYETTEVILLE GA 30215	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mr.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Mariner	
STREET ADDRESS	1 Cleveland St., Suite 220	
CITY-ST-ZIP	Greenville, SC 29601	
TITLE	Ms.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holly McCallum	
STREET ADDRESS	1346 Community Park Drive	
CITY-ST-ZIP	Columbus, OH 43229	
TITLE	Mr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	8595 Explorer Drive	
CITY-ST-ZIP	Colorado Springs, CO 80920	
TITLE	Ms.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Olsen	
STREET ADDRESS	3181 S. York	
CITY-ST-ZIP	Englewood, CO 80110	
TITLE	Mr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monty Smith	
STREET ADDRESS	1829 W. Shady Grove Rd	
CITY-ST-ZIP	Grand Prairie, TX 75050	
TITLE	Ms.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Schenz	
STREET ADDRESS	485 Retreat Lane	
CITY-ST-ZIP	Powell, OH 43065	

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:** *Gary Hamilton* **GARY HAMILTON, CCFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000  
Date

770-455-8808  
Daytime Phone #

CR2E037 (9/99)