

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90211 033 ****61.25

DOCUMENT # P33955

1. Entity Name

ASSOCIATION OF CHURCH MISSIONS COMMITTEES, INC.

Principal Place of Business

4201 NORTH PEACHTREE ROAD
 STE 300
 ATLANTA GA 30341
 US

Mailing Address

4201 NORTH PEACHTREE ROAD
 STE 300
 ATLANTA GA 30341
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7444531

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEGRANDE, LARRY
13607 DORNOCH DR
ORLANDO FL 32828

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **GROH, GREG**
 STREET ADDRESS **10316 N. FLANDERS CT.**
 CITY-ST-ZIP **MEQUON WI 53092-5211**

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

TITLE **D** ☐ Delete
 NAME **NARRAMORE, KATHY**
 STREET ADDRESS **2426 SARANDI GRANDE**
 CITY-ST-ZIP **HACIENDA HEIGHTS CA 91745**

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

TITLE **CD** ☐ Delete
 NAME **PHILLIPS, WOODY**
 STREET ADDRESS **ACMC, INC. 116 PEACHTREE CT**
 CITY-ST-ZIP **FAYETTEVILLE GA 30215**

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

TITLE **VD** ☐ Delete
 NAME **SCHNEIDER, BOB**
 STREET ADDRESS **THE CHAPEL, 135 FIR HILL**
 CITY-ST-ZIP **AKRON OH 44304**

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

TITLE **TD** ☐ Delete
 NAME **SMITH, PHYLLIS**
 STREET ADDRESS **919 CONESTOGA RD, BLDG 1, #303**
 CITY-ST-ZIP **ROSEMONT PA 19010**

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

TITLE **SD** ☐ Delete
 NAME **CAMP, BRUCE**
 STREET ADDRESS **ACMC, INC. 116 PEACHTREE CT.**
 CITY-ST-ZIP **FAYETTEVILLE GA 30215**

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:

Signature **REINHOLD, CFO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01
 Date

770-455-8808
 Daytime Phone #

CR2E037 (10/00)