

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0087383

**DOCUMENT # P33955**

1. Entity Name

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

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

**818169**



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>23-7444531</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROH, GREG</b> <b>10316 N. FLANDERS CT.</b> <b>MEQUON WI 53092-5211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NARRAMORE, KATHY</b> <b>2426 SARANDI GRANDE</b> <b>HACIENDA HEIGHTS CA 91745</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>PHILLIPS, WOODY</b> <b>ACMC, INC. 116 PEACHTREE CT</b> <b>FAYETTEVILLE GA 30215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHNEIDER, BOB</b> <b>THE CHAPEL, 135 FIR HILL</b> <b>AKRON OH 44304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SMITH, PHYLLIS</b> <b>919 CONESTOGA RD, BLDG 1,#303</b> <b>ROSEMONT PA 19010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CAMP, BRUCE</b> <b>ACMC, INC. 116 PEACHTREE CT.</b> <b>FAYETTEVILLE GA 30215</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory Hamilton* **REGISTRAR**, CFO **3/21/01** **770-455-8808**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/00)