

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90106 045 ****61.25

DOCUMENT # 736834

1. Entity Name

THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

Principal Place of Business

Mailing Address

RT. 2, BOX 128-BB
 ATTAPULGUS HIGHWAY
 QUINCY FL 32351

RT. 2, BOX 128-BB
 ATTAPULGUS HIGHWAY
 QUINCY FL 32351-9902

2. Principal Place of Business

3. Mailing Address

4067 Attapulugus Hwy
 Suite, Apt. #, etc.

4067 Attapulugus Hwy
 Suite, Apt. #, etc.

City & State

City & State

Quincy, Fla.

Quincy Fla.

32351 *Gadsden*

32351 *Gadsden*

4. FEI Number

00-2600030

Applied For

Not Applicable

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

SHAW, IRENE J.
ROUTE 2, BOX 128-B
QUINCY FL 32351

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHAW, IRENE J	ROUTE 2 BOX 128-B	QUINCY FL	<input type="checkbox"/>
VT	KENON, MARTHA A.	ROUTE 2 BOX 129-A	QUINCY FL	<input type="checkbox"/>
TD	GAMMONS, ODIS	RT. 5, BOX 238	QUINCY FL	<input type="checkbox"/>
TM	GREEN, MARY M.	RT. 2 BOX 112F	QUINCY FL 32351	<input type="checkbox"/>
ST	JONES, JAMES M.	RT 2 BOX 114 S	QUINCY FL	<input type="checkbox"/>
TD	WILSON, DONNELL	RT. 2 BOX 12	QUINCY FL	<input type="checkbox"/>

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

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: *IRENE J. SHAW* P/O Jan. 15 2000 850-6273108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)