

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0084468

DOCUMENT # 736834

1. Entity Name

THE CHURCH OF JESUS CHRIST HOLY MISSION, INC.

03-21-2001 90004 009 ****70.00

Principal Place of Business

Mailing Address

4067 ATTAPULGUS HWY
 QUINCY FL 32351

4067 ATTAPULGUS HWY
 QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

00-2600030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

*Shaw, Irene J.
 4089 Attapulgas Hwy
 Quincy, Fla 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 *Irene J. Shaw*

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

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaw Irene J	
STREET ADDRESS	4089 Attapulgas Hwy	
CITY-ST-ZIP	Quincy Fla 32351	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenon Martha A	
STREET ADDRESS	160 Jack Scott Rd	
CITY-ST-ZIP	Quincy, Fla 32351	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gammon Odis	
STREET ADDRESS	867 Howell Rd	
CITY-ST-ZIP	Quincy, Fla. 32351	
TITLE	T/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Green	
STREET ADDRESS	4016 Charlotte Harris Rd.	
CITY-ST-ZIP	Quincy Fla 32351	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones James M.	
STREET ADDRESS	156 Jack Scott Rd.	
CITY-ST-ZIP	Quincy Fla. 32351	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elton Shaw Jr.	
STREET ADDRESS	4089 Attapulgas Hwy	
CITY-ST-ZIP	Quincy Fla 32351	

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: *USOMZURTSCHWED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/D

850-627-3708

Date

Daytime Phone #

CR2E037 (10/00)