

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749940

1. Entity Name

WESLEYAN COMMUNITY HOLINESS CHURCH, INC.

Principal Place of Business

333 S.W. 4TH STREET
BELLE GLADE FL 33430

Mailing Address

333 S.W. 4TH STREET
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1983042

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

DAVIS, REV. CLIFFORD C.
333 S.W. 4TH STREET
BELLE GLADE FL 33430

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
NAME DAVIS, CLIFFORD C
STREET ADDRESS 333 S.W. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE ST
NAME DAVIS, DORIS S
STREET ADDRESS 333 S.W. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☒ Delete

TITLE JENKINS, DAPHNE C.
NAME 324 N.W. 9TH STREET
STREET ADDRESS BELLE GLADE, FL 33430 ☐ Change ☐ Addition

TITLE T
NAME DAVIS, CLARISSA L
STREET ADDRESS 465 EILON AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Delete

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

TITLE T
NAME DAVIS, CATHY A
STREET ADDRESS 465 EILON AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Delete

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

TITLE T
NAME MORGAN, DENNIS
STREET ADDRESS 577 S.W. 7TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE T
NAME MURDOCK, ETHEL
STREET ADDRESS 200 S.W. 14TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90331 001 ****61.25

01-24-2002 90331 002 ****8.75

10805



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)