## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 766900**

1. Entity Name

## SPIRIT OF HOLINESS FELLOWSHIP, INC.



C/O REV. WINFRED D. KING 2754 BUNYON DR

Principal Place of Business

Mailing Address

C/O REV. WINFRED D. KING 3754 BUNYON DR.

**FILED** Jun 14, 2001 8:00 am Secretary of State 06-14-2001 90011 029 \*\*\*\*61.25

NUUTUANU

2. Principal Place of Business	CHIPLEY FL 32428 US			CHIPLEY FL 32428 US			ENA NEKA CIKIC CIKIC KENA	(† <b>11</b> 1) <b>(†11</b> 1) <b>(†11</b> 1)		<b>111</b>			
City & State	2. Principal Place of Business			3. Mailing Address			<u> </u>						
Zio Country Zip Country 5, Certificate of Status Depiced   \$8.7432813   Not Applicable   \$6. Name and Address of Current Registered Agent   Name   Na	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
September   Sept	City & State	<del></del>		City & State			4. FEI No	F0_9/129912					
KING, REV. WINFRED D. 3754 BUNYON DR. RT 4 CHIPLEY Ft. 32428  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Signature, hybord or pointed name of registered agent and life if approach.   NOTE Registered Agent registered agent, or both, in the state of Florida.    FILE NOW:	Zip		Country	Zip	Coun	try	5. Certific				tional		
KING, REV. WINFRED D. 3754 BUNYON DR. RT 4 City FL Ziv Cot  City FL Ziv Co	6, Name and Address of Current Registered Agent						7. Name	7. Name and Address of New Registered Agent					
And a province of the purpose of changing its registered agent, or both, in the state of Florida.    File Now:							Name						
City FL 2/19 Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.    Signature, typed or printed name of registered agent and the if applicable.   (NOTE Papintered Agent ag							Street Address (P.O. Box Number is Not Acceptable)						
EIRET ADDRESS OCHY-ST-2P    Change   Ch		1011 011.									1		
SIGNATURE    Signature Typod or protect name of registered agent will still a spillication.   NOTE Registered Agent signature recovated when retreating)   DATE						City FL Zip Code							
FILE NOW: FEE IS \$61.25  PO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  13. ADDI	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.												
FILE NOW: FEE IS \$61.25  PO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  13. ADDI	SIGNATURE												
FEE IS \$61.25  Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD	OIGH/ITOTIE 5	Signature, typed	or printed name of registered agent and	required when reinstating	g)	DATE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SIMS, REV DAVID TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SIMS, REV DAVID TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD CARRAWAY, REV RUFUS 1,000 CROTON ST LAKE PLACID, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4					\$5.00 May Be Added to Fees							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SIMS, REV DAVID TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SIMS, REV DAVID TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD CARRAWAY, REV RUFUS 1,000 CROTON ST LAKE PLACID, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. OFFICERS AND DIRECTORS 11.						ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
STREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP	TITLE	PD   Delete				.E □ Ch							
TITLE NAME SIMS, REV DAVID RT 3, BOX 110-A ANDALUSIA, AL 00000  SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition SIRET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition NAME SIRET ADDRESS CITY-ST-ZIP  Change Addition Addition NAME SIRET ADDRESS CITY-ST-ZIP	STREET ADDRESS	3754 BUNYON DR.											
STREET ADDRESS CITY-ST-ZIP TITLE NAME CARRAWAY, REV RUFUS 1,000 CROTON ST LAKE PLACID, FL 00000  TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD Delete		TITLE					Change	Addition			
CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1							
SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	SD		Delete	TITLE				[	Change	Addition		
CITY-ST-ZIP  LAKE PLACID, FL 00000  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											ļ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP													
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP		J.112 1 2	12 00000	Delete	TITLE				[	Change	Addition		
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP						1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	,												
STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		-				Change	Addition		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME				NAME						_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1								
NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP	-			Delete	-					Change	☐ Addition		
CITY-ST-ZIP CITY-ST-ZIP	NAME				NAME					-	_		
											formation		

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 regeiver 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 anachinent with a laddress, with all other like impowered.

**SIGNATURE:** 

4-2-01