

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90168 013 ****61.25

DOCUMENT # N00000007573

1. Entity Name

CRY ALOUD SPARE NOT NEW TESTAMENT HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

70 HILLTOP ROAD
CENTURY FL 32535

P.O. BOX 392
CENTURY FL 32535

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

59-3682269

Applied For

Not Applicable

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

BRADLEY, IDAINER
30 HWY 4 WEST
CENTURY FL 32535

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 President** Delete
 NAME: **BRADLEY, IDAINER**
 STREET ADDRESS: **30 HWY 4 WEST**
 CITY-ST-ZIP: **CENTURY FL 32535**

TITLE: **Patricia Williams** Change Addition
 NAME: **Patricia Williams**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D Vice President** Delete
 NAME: **CAMPBELL, BESSIE**
 STREET ADDRESS: **3452 PARAZINE ST**
 CITY-ST-ZIP: **PENSACOLA FL 32514**

TITLE: **Emma Page - Chairwoman** Change Addition
 NAME: **Emma Page**
 STREET ADDRESS: **P.O. Box 19**
 CITY-ST-ZIP: **Century FL 32535**

TITLE: **D Chairwoman** Delete
 NAME: **WILLIAMS, PATRICIA**
 STREET ADDRESS: **CENTURY WOODS APT 505**
 CITY-ST-ZIP: **CENTURY FL 32535**

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

TITLE: **D Treasurer** Delete
 NAME: **BRIGHT, JANICE**
 STREET ADDRESS: **8710 JEFFERSON ST**
 CITY-ST-ZIP: **CENTURY FL 32535**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Idaine Bradley

Date

Daytime Phone #

CR2E037 (9/01)