

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006392

1. Entity Name  
**HOLY ONE ASSEMBLY, INC.**

Principal Place of Business  
2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

Mailing Address  
2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

APPROVED  
AND  
FILED

00 SEP -1 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**501 EAST TENNESSEE STREET**  
Suite, Apt. #, etc.  
**E**

3. Mailing Address  
~~501 EAST TENNESSEE STREET~~ **2415 OLD ST. AUGUSTINE RD**  
Suite, Apt. #, etc.  
**1214**

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

4. FEI Number  
**57-3599708**

Applied For  
 Not Applicable

Zip  
**32308**

Country  
**USA**

Zip  
**32301**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEY, DEMETRIUS A**  
2415 OLD ST. AUGUSTINE RD., #1214  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
**COLEY, DEMETRIUS A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2415 OLD ST. AUGUSTINE RD**  
**#1214**  
City  
**TALLAHASSEE** FL Zip Code  
**32301**

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 **DEMETRIUS A. COLEY, PRESIDENT & CEO**

**AUGUST 31, 2000**  
DATE

**FILE NOW: FEE IS \$61.25**  
After September 13, 2000 min. will be \$236.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT & CEO, D	DEMETRIUS A. COLEY	2415 OLD ST. AUGUSTINE RD #1214	TALLAHASSEE, FL 32301	<input type="checkbox"/>
SECRETARY, D	GEORGIA MAE COLEY	2000 N. MERIDIAN ROAD #290	TALLAHASSEE, FL 32310	<input type="checkbox"/>
TREASURER, D	HAROLD S. ROSS	183 COTTILION CIRCLE	TALLAHASSEE, FL 32312	<input type="checkbox"/>
BOARD MEMBER, D	SHIRLEY ROSS	183 COTTILION CIRCLE	TALLAHASSEE, FL 32312	<input type="checkbox"/>
BOARD MEMBER, D	ELICIA A. COLEY	2415 OLD ST. AUGUSTINE RD #1214	TALLAHASSEE, FL 32301	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		600003391756--2	-09/13/00--01065--025	<input type="checkbox"/>	<input type="checkbox"/>
		*****61.25	*****61.25	<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: **DEMETRIUS A. COLEY**

**8/31/00**  
Date

**(850) 309-1929**  
Daytime Phone #

CR2E037 (5/00)