

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90143 027 \*\*\*\*61.25

**DOCUMENT # N02092**

1. Entity Name

**FIRST GRACE & TRUTH PENTECOSTAL HOLINESS CHURCH**

Principal Place of Business

Mailing Address

24637 SW 137 AVE  
 PRINCETON FL 33032  
 US

C/O JAMES CHERRY  
 12219 S.W. 218 ST.  
 GOULDS FL 33170-2838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

4. FEI Number

**59-2382870**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHERRY, JAMES**  
**12219 SW 218 ST**  
**GOULDS FL 33170**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHERRY, JAMES</b>	
STREET ADDRESS	<b>12219 SW 218TH STREET</b>	
CITY-ST-ZIP	<b>GOULDS FL 33170</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ATKINS, JOHN W.</b>	
STREET ADDRESS	<b>14964 SW 304 TERR</b>	
CITY-ST-ZIP	<b>LEISURE CITY FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLCOMB, SADIE</b>	
STREET ADDRESS	<b>15241 SW 297 ST</b>	
CITY-ST-ZIP	<b>LEISURE CITY FL 33030</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ATKINS, ROSE MARIE</b>	
STREET ADDRESS	<b>14964 S.W. 304 TERR.</b>	
CITY-ST-ZIP	<b>LEISURE CITY FL 33030</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Sadie Holcomb* **5-2-2000** (305) 247-6447

CF 1037 19/99