## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 20, 2002 8:00 am Secretary of State DOCUMENT # **N99000000669** Entity Name EMMANUEL HOLINESS CHURCH, INC. 02-20-2002 90153 015 \*\*\*\*61.25 rincipal Place of Business Mailing Address 02 SANDRIDGE CHURCH RD 3116 SANDRIDGE CHURCH RD NEADS FL 32460 SNEAD§ FL 32460 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-3542160 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, JEROME-REV:----Street Address (P.O. Box Number is Not Acceptable) 3116 SANDRIDGE CHURCH RD SNEADS FL 32460 Zip Code FL 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE أحق (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TLE ☐ Detete TITLE Change ☐ Addition LEWIS, JEROME PASTOR AME 3116 SANDRIDGE CHURCH RD REET ADDRESS STREET ADDRESS TY-ST-ZIP SNEADS FL 32460 CITY-ST-ZIP TLE ☐ Delete TITLE Change ☐ Addition WEEKS, ADRIAN W AME NAME 3116 SANDRIDGE CHURCH RD REET ADDRESS STREET ADDRESS SNEADS FL 32460 TY-ST-ZIP CITY-ST-ZIP ÎLE ☐ Delete TITLE ☐ Change ■ Addition HOWELL, RAY ME NAME 3240 SANDRIDGE CHURCH RD REET ADDRESS STREET ADDRESS TY-ST-ZIP SNEADS FL 32460 CITY-ST-ZIP ÍLΕ TITLE Delete Change ☐ Addition HATCHER, WILLIAM (ме NAME 6512 BUTLER ROAD REET ADDR STREET ADDRESS TY-ST-7IP GRAND RIDGE FL 32442 CITY-ST-ZIP ľιΕ ☐ Delete TITLE ☐ Change ■ Addition HOWELL, RANDY МĘ NAME 3242 SANDRIDGE CHURCH RD REET ADDRESS STREET ADDRESS TY-ST-ZIP SNEADS FL 32460 CITY-ST-ZIP ÎLE ☐ Delete TITLE Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

IGNATURE:

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REET ADDRESS

TY-ST-ZIP

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