## **NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Jesus Christ The True Free Will Holiness Church Inc.

708285

**DOCUMENT #** 

1. Entity Name

## **FILED** Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90323 047 \*\*\*\*70.00

DO NOT WRITE IN THIS SPACE		635611	
2. Principal Place of Business  3. Mailing A  Suite, Apt. #, etc.  3. Mailing A  Suite, A  Suite, A	pt. #, etc.	DO NOT WRITE IN THIS SPACE	
	state 5606 F/ 507 Ecambic	4. FEI Number  Applied For  Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required	
DO NOT WRITE	Name Res	7. Name and Address of Current Registered Agent Encker JG ((Sin ss (P.O. Box Number is Not Acceptable)  Lakewood Rd	
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 Acquaise, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
Initial or Amended UBR	NOTE: Registered Agont signature require.  D. 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  TO OFFICERS AND DIRECTORS  THE OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Pens 6 (6) [6] F1 32:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME EILIOTH, Rose STREET ADDRESS C276 Ferguson I CITY-ST-ZIP Pensacpia F1 32	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Tames, Albrita Barker  Barker  329  Barker  325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE  NAME  STREET ADDRESS  109 Lakewood RE  CITY-ST-ZIP  PEDSGCO16, F1 323	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS TOT Lakewood RE CITY-ST-ZIP PENSGCOK, F 3250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n 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 on an attachment with an address, with all other like empowered:

SIGNATURE:

04-11-02 850-457-0696

Add: 1.000 Att.
708285/635611

Mame Lyndon Prenecker Sackron
Name Lyndon Prenecker Sackron
Street Address 109 Lakewood RE
City-ST-Zip Pensacok, F1 32587

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