

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716877

1. Entity Name

THE HIGHWAY HOLINESS CHURCH OF CHRIST OF THE APO

Principal Place of Business

2404 NW 20 ST  
FT. LAUDERDALE FL 33311  
US

Mailing Address

165 NW 15TH STREET  
POMPANO BEACH FL 33060-5434  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISSETT, RALPH  
165 N.W. 15TH ST.  
POMPANO BEACH FL 33060

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GRISSETT, BISHOP R  
165 NW 15TH ST.  
POMPANO BCH. FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Christine Grissett  
871 N.W. 6 AVE #4  
Pompano Beach, Fla 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILES, DEACON L.  
2208 NW 20TH ST.  
FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GREEN, DEACON F., JR.  
424 NE 2ND ST.  
BOYNTON BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GRISSETT, IDA MAE  
165 NW 15TH STREET  
POMPANO BEACH FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GRISSETT, DEACON C  
2208 NW 20 ST  
FT. LAUDERDALE FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90043 017 \*\*\*\*66.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0182650

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2F037 (9/95)

1-6-00-  
954-943-6790