

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737332

1. Entity Name

ST. PETER UPON THIS ROCK HOLINESS CHURCH, INC.

FILED

00 AUG -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
RT 5 BOX 209-E
HUTCHINSON FERRY RD
QUINCY FL 32351-9805

Mailing Address
RT 5 BOX 209-E
HUTCHINSON FERRY RD
QUINCY FL 32351-9805

2. Principal Place of Business
134 Willow Ct
Suite, Apt. #, etc.
Hutchinson Ferry Rd
Quincy FL
Zip 32351 Country Gadsden

3. Mailing Address
134 Willow Ct
Suite, Apt. #, etc.
Hutchinson Ferry Rd
Quincy FL
Zip 32351 Country Gadsden

4. FEI Number 59-2070524
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, LEROY ELDER
ATLANTA STREET
RT. 4 BOX 1114
QUINCY FL 32351

7. Name and Address of New Registered Agent

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
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	PD	<input type="checkbox"/> Delete
NAME	KELLY, ROY ELDER	
STREET ADDRESS	HUTCHISON FERRY ROAD	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLY, WILLIE J ELDER	
STREET ADDRESS	JAMIESON ROAD	
CITY-ST-ZIP	QUINCY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, BETTY A	
STREET ADDRESS	HUTCHISON FERRY ROAD	
CITY-ST-ZIP	QUINCY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KELLY, ELIZABETH	
STREET ADDRESS	HUTCHISON FERRY ROAD RT. 5 BOX 209E	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: LEROY ELDER 8/4/00 850-561-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)