

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747204**

1. Entity Name

TRINITY HOLINESS CHURCH OF WINTER BEACH, INC.

Principal Place of Business

Mailing Address

**4545 71ST ST AND CEMETARY RD.
P.O. BOX 248
WINTER BEACH FL 32971**

**4545 71ST ST AND CEMETARY RD.
P.O. BOX 248
WINTER BEACH FL 32971-0248**

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

**JOHNSON, REV. JAMES H.
71ST STREET AND CEMETARY RD.
WINTER BEACH FL 32971**

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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, REV. JAMES H.	
STREET ADDRESS	4545-71ST & CEMETARY RD	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, LOUISE	
STREET ADDRESS	4545-71ST & CEMETARY RD	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARNES, ED	
STREET ADDRESS	3304 METZGER RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRICE, JAMES H	
STREET ADDRESS	956 18TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James H. Johnson 1/9/2000 (561) 567-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90190 048 ****70.00