

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90020 006 ****70.00

00002043



DO NOT WRITE IN THIS SPACE

DOCUMENT # 747204																										
1. Entity Name TRINITY HOLINESS CHURCH OF WINTER BEACH, INC.																										
Principal Place of Business 4545 71ST ST AND CEMETERY RD. P.O. BOX 248 WINTER BEACH FL 32971		Mailing Address 4545 71ST ST AND CEMETERY RD. P.O. BOX 248 WINTER BEACH FL 32971																								
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
4. FEI Number 59-1923664		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required																								
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																										
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>James H. Johnson</u> <u>1/8/2001</u> <u>567 4157</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										

CR2E037 (10/00)