

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748147

1. Entity Name

THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL H

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90153 020 ****75.00

Principal Place of Business

Mailing Address

242 W 17 ST
JACKSONVILLE FL 32206
US

242 SW 17 ST
JACKSONVILLE FL 32206
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

242 W 17 St

3. Mailing Address

242 W 17 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville Fla

City & State

City & State

Jacksonville Fla

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32206

US

32206

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, EVANG ETHEL E.
242 W 17 ST
JACKSONVILLE FL 32206

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 *Evangel Ethel E Clark*

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7-7-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CLARK, ETHEL E., EVANG.
STREET ADDRESS 242 WEST 17TH STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD
NAME *Evangel Ethel E Clark*
STREET ADDRESS *242 W 17 St*
CITY-ST-ZIP *Jacksonville Fla 32206*

TITLE VD
NAME MARTIN, MINNIE LEE
STREET ADDRESS 1553 MT. HERMAN
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME *Martin Minnie Lee*
STREET ADDRESS *1553 Mt Herman*
CITY-ST-ZIP *Jacksonville Fla*

TITLE TD
NAME BURTON, MAGGIE LEE
STREET ADDRESS 1513 DON CASTER AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD
NAME *Maggie Lee Burton*
STREET ADDRESS *1513 Don Caster Avenue*
CITY-ST-ZIP *Jacksonville Fla*

TITLE D
NAME SMITH, PEARLENA C.
STREET ADDRESS 3617 ARDISIA RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME *Pearlene C Smith*
STREET ADDRESS *3617 Ardisia Rd*
CITY-ST-ZIP *Jacksonville Fla*

TITLE D
NAME DALLAS, MAGGIE J.
STREET ADDRESS 802 COURT E
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME *Maggie J Dallas*
STREET ADDRESS *802 Court E*
CITY-ST-ZIP *Jacksonville Fla*

TITLE SD
NAME ANDREWS, ESTELLER H
STREET ADDRESS 641 FERN STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME *Esteller H Andrews*
STREET ADDRESS *641 Fern St*
CITY-ST-ZIP *Jacksonville Fla*

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: *Evangel Ethel E Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-7-2000 Daytime Phone # 3534412

CR2E037 (5/00)