

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90230 020 \*\*\*\*75.00

**DOCUMENT # 748147**

1. Entity Name

**THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL H**

Principal Place of Business

242 W 17 ST  
 JACKSONVILLE FL 32206  
 US

Mailing Address

242 W 17 ST  
 JACKSONVILLE FL 32206  
 US

2. Principal Place of Business

242 W 17 St  
 Suite, Apt. #, etc.

3. Mailing Address

242 W 17 St  
 Suite, Apt. #, etc.  
 Jacksonville Fla

City & State

Jacksonville Fla

City & State

32206 Duval

Zip

32206

Country

Duval

Zip

32206

Country

Duval

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

*Evangel Ethel E. Clark*

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 12, 2001, 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 | CLARK, ETHEL E., EVANG. | <input type="checkbox"/> Delete |
| NAME           |    | 242 WEST 17TH STREET    |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |
| TITLE          | VD | MARTIN, MINNIE LEE      | <input type="checkbox"/> Delete |
| NAME           |    | 1553 MT. HERMAN         |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |
| TITLE          | TD | BURTON, MAGGIE LEE      | <input type="checkbox"/> Delete |
| NAME           |    | 1513 DON CASTER AVENUE  |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |
| TITLE          | D  | SMITH, PEARLENA C.      | <input type="checkbox"/> Delete |
| NAME           |    | 3617 ARDISIA RD.        |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |
| TITLE          | D  | DALLAS, MAGGIE J.       | <input type="checkbox"/> Delete |
| NAME           |    | 802 COURT "E"           |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |
| TITLE          | SD | ANDREWS, ESTELLER H     | <input type="checkbox"/> Delete |
| NAME           |    | 641 FERN STREET         |                                 |
| STREET ADDRESS |    | JACKSONVILLE FL         |                                 |
| CITY-ST-ZIP    |    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |    |                        |                                                                   |
|----------------|----|------------------------|-------------------------------------------------------------------|
| TITLE          | PD | Evangel Ethel E. Clark | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 242 W 17 St            |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| CITY-ST-ZIP    |    |                        |                                                                   |
| TITLE          | VD | Minnie Lee Martin      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 1553 Mt. Herman        |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| CITY-ST-ZIP    |    |                        |                                                                   |
| TITLE          | TD | Maggie Lee Burton      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 1513 Don Caster Avenue |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| CITY-ST-ZIP    |    |                        |                                                                   |
| TITLE          | D  | Pearlene C Smith       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 3617 Ardisia Rd.       |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| CITY-ST-ZIP    |    |                        |                                                                   |
| TITLE          |    | Maggie J Dallas        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 802 Court E            |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| CITY-ST-ZIP    |    |                        |                                                                   |
| TITLE          | SD | Esteller H Andrews     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 641 Fern St            |                                                                   |
| STREET ADDRESS |    | Jacksonville Fla       |                                                                   |
| 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:

*Evangel Ethel E. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/31/2001 Printing Place: Jacksonville, FL

CR2E037 (5/01)