2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90210 018 ****61.25

DOCUMENT # 751124

1. Entity Name

ST. JUDE UNITED HOLINESS CHURCH, INC.

A0056816

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2012 AUBURN STREET SOUTH ST. PETERSBURG FL	2012 AUBURN STREET SOUTH ST. PETERSBURG FL 33712-3016

2. Principal Place of Business	3. Mailing Address
2012-Auburn St. So Suite, Apt. #, etc.	2012-Auburn St. So Suite, Apt. #, etc.
City & State: St. Petersburg, Fla	City & State: St. Petersburg, Fla
Zip: 33712 Country: Pinellas	Zip: 33712 Country: Pinellas

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

~~VANCE, KIM H ESQ~~ DELETE
~~535 CENTRAL AVENUE~~
~~ST. PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name: Bishop Edwin Nesbitt PD
Street Address (P.O. Box Number is Not Acceptable): ~~1700~~ 545 15th AVE SO
City: St. Petersburg, Fla
FL Zip Code: 33701

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: Edwin M Nesbitt 4-18-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NESBITT, EDWIN BISHOP ~~1700 S CENTER ST. SO.~~ 545 - 15th AVE SO ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Petrolia Rose Brown 2121-35th St. So. St. Petersburg, Fla. 33711 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BABLE, ROSA 1674 16 AVE. SO. ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, MARY 2012 AUBURN ST. SO. ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BABLE, JOHNNY 1674 16TH AVE SO. ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, BETTY L 1842 20TH STREET SOUTH ST. PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ROSCOE 2121 35 STREET S. ST. PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED Edwin M Nesbitt 4-18-2000 8946201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #