2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 751124** 1. Entity Name 04-19-2004 90734 017 ****70.00 ST. JUDE UNITED HOLINESS CHURCH, INC. Principal Place of Business Mailing Address 2012 AUBURN STREET SOUTH SAINT PETERSBURG FL 33710 2012 AUBURN STREET SOUTH SAINT PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address CHUXUPA GIOLO Suite, Apt. #, etc. Church Suite, Apt. #, etc. MOORE CR2E037 (11/03) 012-Auburn SI 4. FEI Number Applied For NO-T APPLICABLE Country Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent America Fee Required 7. Name and Address of New Registered Agent Name NESBITT, EDWIN. PD BISHOP Street Address (P.O. Box Number is Not Acceptable) 545 15 AVE SO ST. PETERSBURG FL 33701 City 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. I am familiar with, and accept the obligations of registered agent. 4-13-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE ☐ Change ☐ Addition NESBITT, EDWIN BISHOP NAME NAME 545 15TH AVE SO STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-7IP CITY-ST-ZIE TITLE TITLE Delete Change - Addition ALLEN, EMMA D NAME NAME 2450-10TH AVE. SO. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change [Addition JACKSON, MARY NAME NAME 2012 AUBURN ST. SO. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition BABLE, JOHNNY NAME NAME 1674 16TH AVE SO. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, BETTY L NAME NAME 1842 20TH STREET SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, ROSCOE NAME NAME 2121 35 STREET S. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP 12. If 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.

FILED