

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 037 ****70.00

DOCUMENT # 751124 1. Entity Name ST. JUDE UNITED HOLINESS CHURCH, INC.					
Principal Place of Business 2012 AUBURN STREET SOUTH SAINT PETERSBURG, FL 33710			Mailing Address ST. JUDE UNITED HOLINS 2012 AUBURN STREET SOUTH SAINT PETERSBURG, FL 33710		
2. Principal Place of Business 2012 Auburn St. So Suite, Apt. #, etc.		3. Mailing Address St. Jude United Holiness Church Suite, Apt. #, etc. 2012-Auburn St. So		50052214 	
City & State St. Petersburg, Fla Zip 33710 Country America		City & State St. Petersburg, Fla Zip 33710 Country America		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent NESBITT, EDWIN - PD-BISHOP 545 15 AVE SO ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida 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 545 15TH AVE SO SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ALLEN, EMMA D 2450 10TH AVE. SO. SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, MARY 2012 AUBURN ST. SO. ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABLE, JOHNNY 1674 16TH AVE SO. ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BETTY L 1842 20TH STREET SOUTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROSCOE 2121 35 STREET S. ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete			
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: Edwin M Nesbitt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 5-10-5			Daytime Phone # 8966201		