2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #751124

1. Entity Name

ST. JUDE UNITED HOLINESS CHURCH, INC.



FILED Apr 02, 2007 08:00 Al Secretary of State

Principal Place of Business

2012 AUBURN STREET SOUTH SAINT PETERSBURG, FL 33712 Mailing Address

ST. JUDE UNITED HOLINESS CHURCH, INC. P. O. BOX 530746 SAINT PETERSBURG, FL 33747 US



03242007 No Chg-NP

CR2E037 (4/06)

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

NESBITT JR., EDWARD M 4526 YARMOUTH AVENUE SOUTH ST. PETERSBURG, FL 33711

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 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.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	l Agent signature	required when minstating)	DATE
•	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NESBITT JR., EDWARD M 4526 YARMOUTH AVENUE SOUTH SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D NESBITT, EDWIN BISHOP 1842 20TH STREET SOUTH SAINT PETERSBURG, FL 33712	•			U00000687880 04/10/07-80057-016 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D NESBITT, JO ANN S 4526 YARMOUTH AVENUE SOUTH ST. PETERSBURG, FL 33711			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMILEY, PATRICIA 1674 12TH STREET SOUTH ST. PETERSBURG, FL 33705			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, EMMA D 5432 LYNN LAKE DRIVE SOUTH ST.' PETERSBURG, FL 33712				
NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BETTY L 1842 20TH STREET SOUTH ST. PETERSBURG, FL 33712	ng does not qualify for the ave	motions cos	steined in Chanter 11	Porida Statutes. I further certify that the information

12. I nereby certify that the information supplied with this filing boes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it am an officer or director 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

SUMMED WHO TYPED OR PRINTED HAME OF SIGNIFIC OFFICER OR DIRECTOR

3/26/07 (727) 579-1527 Date Despris Prone 8