2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 751124

Entity Name: ST. JUDE UNITED HOLINESS CHURCH, INC.

Current Principal Place of Business:

2012 AUBURN STREET SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: NESBITT JR., EDWARD M
Address: 4526 YARMOUTH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: V/D ( ) Delete
Name: NESBITT, EDWIN BISHOP
Address: 1842 20TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: S/D ( ) Delete
Name: NESBITT, JO ANN S
Address: 4526 YARMOUTH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: D ( ) Delete
Name: SMILEY, PATRICIA
Address: 1674 12TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D ( ) Delete
Name: ALLEN, EMMA D
Address: 5432 LYNN LAKE DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: JOHNSON, BETTY L
Address: 1842 20TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD M. NESBITT JR.   PCD   02/05/2009

Electronic Signature of Signing Officer or Director   Date