

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91132 049 ****61.25

DOCUMENT # 765231

1. Entity Name

THE FIRST HOLINESS CHURCH OF JESUS OF THE APOSTO

Principal Place of Business

32021 AVENUE 'D'
 ALVA FL 33920

Mailing Address

23181 SE AVENUE 'C'
 % ELDER JOHNNIE JENKINS
 ALVA FL 33920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23021 Avenue D,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alva Florida

City & State

4. FEI Number

65-0030399

Applied For

Not Applicable

Zip

Country

Zip

Country

33920

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, JOHNNIE (ELDER)
 23181 SE AVENUE "C"
 ALVA FL 33920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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 **EOD** ☐ Delete
 NAME JENKINS, JOHNNIE
 STREET ADDRESS 23181 SE AVENUE "C"
 CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **GMD** ☐ Delete
 NAME ROUNDTREE, NETTIE P.
 STREET ADDRESS 23221 SE AVENUE C
 CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME DAVIS, LEWIS
 STREET ADDRESS 23061 AVE D
 CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **GS** ☒ Delete
 NAME BACON, ROSA THOMAS
 STREET ADDRESS 816 SHADYSIDE STREET
 CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DM** ☐ Delete
 NAME DAVIS, GEORGIA M.
 STREET ADDRESS 23201 SE AVENUE C
 CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **YD** ☐ Delete
 NAME JENKINS, SARAH
 STREET ADDRESS 23181 SE AVENUE "C"
 CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: J. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office 23/01-941-728-2397

Date Daytime Phone #

CR2E037 (10/00)