

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90123 034 ****61.25

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DOCUMENT # 765231

1. Entity Name

**THE FIRST HOLINESS CHURCH OF JESUS OF THE APOSTO
LIC FAITH INC.**



Principal Place of Business

**23021 AVENUE D
ALVA FL 33920**

Mailing Address

**23181 SE AVENUE "C"
% ELDER JOHNNIE JENKINS
ALVA FL 33920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0030399**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	EOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JOHNNIE	NAME	
STREET ADDRESS	23181 SE AVENUE "C"	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	GMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUNDTREE, NETTIE P.	NAME	
STREET ADDRESS	23221 SE AVENUE C	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEWIS	NAME	
STREET ADDRESS	23061 AVE D	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	GS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUNTREE, NETTIE	NAME	
STREET ADDRESS	23021 AVE C	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GEORGIA M.	NAME	
STREET ADDRESS	23201 SE AVENUE C	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	YD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, SARAH	NAME	
STREET ADDRESS	23181 SE AVENUE "C"	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	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:

Jenkins, Johnnie (Elder) 4/28/03-728-2397

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)