

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90092 024 ***150.00

DOCUMENT # 812020

1. Entity Name

THE CHURCH OF CHRIST HOLINESS UNTO THE LORD

Principal Place of Business

2301 N.W. 22ND STREET
 FORT LAUDERDALE FL 33311

Mailing Address

1400 NW 32 AVE
 FORT LAUDERDALE FL 33311-4923

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

NOT APPLICABLE

Applied For

Not Applicable

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

HARDEN, DANIEL R.
1400 NW 32 AVE.
FT. LAUDERDALE FL 33311

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 _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	HARDEN, DANIEL R.	
STREET ADDRESS	1400 NW 32 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LEWIS, MOSES	
STREET ADDRESS	RT. 4, BOX 255	
CITY-ST-ZIP	SYLVANIA GA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STEVENS, PAUL	
STREET ADDRESS	1827 TUBMAN ST.	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KELLY, ERNEST	
STREET ADDRESS	RT. 3, BOX 282	
CITY-ST-ZIP	MIDWAY GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DANIEL R. HARDEN* *Daniel R Harden* *4/28/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/98)