

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90069 002 ****70.00

DOCUMENT # N00000001528

1. Entity Name

FIRST JOHN HOLINESS CHURCH, INC.

Principal Place of Business

232 WEST 15TH STREET
 APOPKA FL 32703

Mailing Address

232 WEST 15TH STREET
 APOPKA FL 32703

2. Principal Place of Business

6316 Willow St.

Suite, Apt. #, etc.

Zellwood, Fl.

City & State

32798

USA

Zip

Country

3. Mailing Address

232 West 15th St.

Suite, Apt. #, etc.

Apopka, Fl.

City & State

32703

USA

4. FEI Number

59-3639340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHNNIE
 232 WEST 15TH STREET
 APOPKA FL 32703

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHNNIE	
STREET ADDRESS	232 WEST 15TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, ALFREDA	
STREET ADDRESS	232 WEST 15TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMMAGE, MATTIE	
STREET ADDRESS	789 EAST CLEVELAND STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
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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)(f), 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: Alfreda Wright 1/15/01 (407) 886-8753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00020040



DO NOT WRITE IN THIS SPACE