

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002542**

1. Entity Name

FULLY COMMITTED HOLINESS CHURCH, INC.

Principal Place of Business

**147 HICKORY AVENUE
CRAWFORDVILLE FL 32327**

Mailing Address

**147 HICKORY AVENUE
CRAWFORDVILLE FL 32327**

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

31-1736456

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, MIKE
3047 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32326**

7. Name and Address of New Registered Agent

Name

N/A

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHN A SR.	
STREET ADDRESS	147 HICKORY AVENUE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHN A JR.	
STREET ADDRESS	8552 LOVIC ROAD	
CITY-ST-ZIP	WOODVILLE FL 32362	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, FREDERICK L	
STREET ADDRESS	229 FRANKLIN OATS LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SPC. H. A. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2001 (850) 926-1836

Daytime Phone #

**FILED
Jan 12, 2001 8:00 am
Secretary of State**

01-12-2001 90018 038 ****61.25

C0003113

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)