

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90010 027 ****61.25

DOCUMENT # N00000004837

1. Entity Name

CHURCH OF THE HOLY PASSION, INC.

VR

Principal Place of Business

**2359 OAK STREET
 UNIT 2
 JACKSONVILLE FL 32204**

Mailing Address

**2359 OAK STREET
 UNIT 2
 JACKSONVILLE FL 32204**

00059773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2825 SYDNEY ST.

Suite, Apt. #, etc.

3. Mailing Address

2825 SYDNEY ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

☒ Applied For
☒ Not Applicable

Zip
32205

Country
DUVAL

Zip
32205

Country
DUVAL

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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
 After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete
 NAME **LONGINUS, CASCA B**
 STREET ADDRESS **2359 OAK STREET, UNIT 2**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VD** ☐ Delete
 NAME **PHOENIX, LOUIS B**
 STREET ADDRESS **2359 OAK STREET, UNIT 2**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **SD** ☐ Delete
 NAME **SHAW, CLARA L MD**
 STREET ADDRESS **2359 OAK STREET, UNIT 2**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **TD** ☐ Delete
 NAME **BURGESS, LAURA**
 STREET ADDRESS **2359 OAK STREET, UNIT 2**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

CASCA B LONGINUS

07/17/01 904-387-0397

CR2E037 (5/01)