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

DOCUMENT # *N01000000566*

1. Entity Name *Vision From God Center Holliness Church.*

90133718

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
219 N 11th Street
Suite, Apt. #, etc.

3. Mailing Address
404 N 7th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Palatka, Florida*
Zip *32177* Country *US*

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Zip *32177* Country *US*

4. FEI Number *05-0536910*

| Applied For |
| Not Applicable |

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Mary A. Steed*

Street Address (P.O. Box Number is Not Acceptable) *404 N 7th Street*

City *Palatka* **FL** Zip Code *32177*

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 *Mary A. Steed*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	*President = P/D*	TITLE	
NAME	*Alfredo A. Dawson*	NAME	
STREET ADDRESS	*2218 Westover Dr, B7*	STREET ADDRESS	
CITY-ST-ZIP	*Palatka, Fl. 32177*	CITY-ST-ZIP	
TITLE	*Treasure = T/D*	TITLE	
NAME	*Shirley Raison*	NAME	
STREET ADDRESS	*2218 Westover Dr B6*	STREET ADDRESS	
CITY-ST-ZIP	*Palatka, Fl. 32177*	CITY-ST-ZIP	
TITLE	*Secratary = S/D*	TITLE	
NAME	*Mary A Steed*	NAME	
STREET ADDRESS	*404 N 7th St*	STREET ADDRESS	
CITY-ST-ZIP	*Palatka, Fl. 32177*	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary A Steed S = Secratary* *(386) 328-5989*