

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0066374

DOCUMENT # N02000007814

1. Entity Name

HOUSE OF THE TRUE LOVING SAINTS MINISTRIES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:00

Principal Place of Business

Mailing Address

5116 ABEL LANE
JACKSONVILLE FL 32254

2. Principal Place of Business

141 Old Orange Park Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

03-0420029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

MRS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMITH, JAMES H

141 Old Orange Park Rd #35
Orange Park, FL 32073

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SMITH, JAMES H PASTOR
STREET ADDRESS 141 Old Orange Park Rd #35
CITY-ST-ZIP Orange Park, FL 32073

☐ Delete

TITLE TD
NAME SMITH, SYLVIA A
STREET ADDRESS 141 Old Orange Park Rd #35
CITY-ST-ZIP Orange Park, FL 32073

☐ Delete

TITLE SD
NAME MELTON, ANNOTHA L
STREET ADDRESS 1074 Huron
CITY-ST-ZIP Jacksonville, FL 32254

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200023349912
09/25/03--01114--001 **\$61.25

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

09/29/03 90541-0242

CR2E037 (10/02)

ELDER: JAMES H. SMITH
PROPHETESS: SYLVIA A. SMITH

141 Old Orange Park Rd.
Apartment 35
Orange Park, Florida
32073

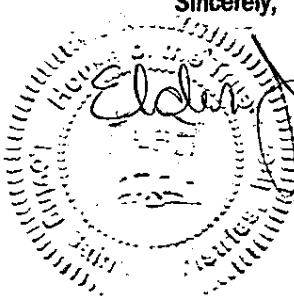
Phone- 904-541-0179
Fax-----904-541-0242
HOTLS1@AOL.COM

September 23, 2003

To: Reinstatement Dept.

This letter is to explain the reason you had not received our report before now, we moved last year and did not know that we needed to send a change of address to you after we sent one to the post office, we got this form from the old address you will find inclosed the \$61.25 for this year report and please note the change of address.

Sincerely,

 *James H. Smith*