

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90063 030 ****70.00

DOCUMENT # N09519

1. Entity Name
ST. PAUL'S HOLINESS CHURCH OF WINTER HAVEN, INC.

Principal Place of Business Mailing Address
P.O. BOX 3340 FVS WINTER HAVEN FL 33881 **P.O. BOX 3340 FVS WINTER HAVEN FL 33885-3340**

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 **05-5060063** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HALMAN, JOE
2160 HIGHLAND BLVD.
BARTOW FL 33830

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENRY, GAY	
STREET ADDRESS	1503 6TH COURT, NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIX RUBY	
STREET ADDRESS	2520 4TH ST. N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HALMAN, JOE JR.	
STREET ADDRESS	2160 HIGHLAND BOULEVARD	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HILL, CLIFFORD LEE	
STREET ADDRESS	116 BEACH DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, PRETIS	
STREET ADDRESS	FRAZIER STREET	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON JOE L.	
STREET ADDRESS	2302 SWAN CT. S.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALMAN, JOE	
STREET ADDRESS	2160 HIGHLAND BLVD	
CITY-ST-ZIP	BARTOW, FL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, JOHNNIE	
STREET ADDRESS	2872 BARTON PLACE	
CITY-ST-ZIP	BARTOW, FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, WILBERT	
STREET ADDRESS	602 HATFIELD RD	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, JULIA	
STREET ADDRESS	312 ULRICH AVE NE	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIVINS, JOHNNY	
STREET ADDRESS	2220 LUCERN PARK RD	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, BYRON	
STREET ADDRESS	680 WALNUT ST	
CITY-ST-ZIP	AUBURNDALE, FL	

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: **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00 (863) 534-6379
 Date Daytime Phone #

CR2E037 (9/99)