

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90010 028 \*\*\*\*61.25

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 33881**

**00075798**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**055060063**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALMAN, JOE**

Name

**2160 HIGHLAND BLVD.  
 BARTOW, FL 33830**

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

*Joe Halman*

**8/20/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD HALMAN, JOE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2160 HIGHLAND BLVD</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE NAME	<b>S MCNAIR, JOHNNIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>287A BARTOW PLACE</b>	
CITY-ST-ZIP	<b>BARTOW, FL 33830</b>	
TITLE NAME	<b>V BOSTON, WILBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>602 HATFIELD RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE NAME	<b>T LONDON, JULIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>312 ULRICH AVE NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE NAME	<b>D BIVINS, JOHNNY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2200 LUCERNE PARK RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE NAME	<b>D MC KENZIE, BYRON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>620 WALNUT ST</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	

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

*Joe Halman* (JOE HALMAN)

**8/20/01**

**(863) 519-8179**

CR2E037 (5/01)