

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91504 014 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-5060063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALMAN, JOE
2160 HIGHLAND BLVD.
BARTOW FL 33830

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

Joe Halman

04/27/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALMAN, JOE	
STREET ADDRESS	2160 HIGHLAND BLVD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC NAIR, JOHNNIE	
STREET ADDRESS	2872 BARTOW PLACE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOSTON, WILBERT	
STREET ADDRESS	602 HATFIELD RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONTON, JULIA	
STREET ADDRESS	312 ULRICH AVE NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIVINS, JOHNNY	
STREET ADDRESS	2220 LUCERN PARK RD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, BYRON	
STREET ADDRESS	620 WALNUT ST	
CITY-ST-ZIP	AUBURNDALE FL 33823	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD LEE HILL, SR.	
STREET ADDRESS	116 BEACH DR	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD LEONARD LONTON	
STREET ADDRESS	2446 3RD ST NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 **(863) 534-6291**
 Date Daytime Phone #

CR2E037 (9/01)