


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 050 ****61.25

0088330

DOCUMENT # N09519			
1. Entity Name ST. PAUL'S HOLINESS CHURCH OF WINTER HAVEN, INC.			
<small>Principal Place of Business</small> P.O. BOX 3340 FVS WINTER HAVEN FL 33881		<small>Mailing Address</small> P.O. BOX 3340 FVS WINTER HAVEN FL 33881	
2. Principal Place of Business		3. Mailing Address	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>	



CHECK HERE IF MAKING CHANGES

4. FEI Number 05-5060063		<small>Applied For</small>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<small>Not Applicable</small>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HALMAN, JOE 2160 HIGHLAND BLVD. BARTOW FL 33830				<small>Name</small>			
				<small>Street Address (P.O. Box Number is Not Acceptable)</small>			
				<small>City</small>			
				FL		<small>Zip Code</small>	

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 <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> PD	<input type="checkbox"/> Delete HALMAN, JOE 2160 HIGHLAND BLVD BARTOW FL 33830	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small> S	<input type="checkbox"/> Delete MC NAIR, JOHNNIE 2872 BARTOW PLACE BARTOW FL 33830	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small> V	<input type="checkbox"/> Delete HUE, CLIFFORD L SR 116 BEACH DR WINTER HAVEN FL 33880	<small>TITLE</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small> T	<input type="checkbox"/> Delete LONTON, JULIA 312 ULRICH AVE NE WINTER HAVEN FL 33881	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small> D	<input checked="" type="checkbox"/> Delete BIVINS, JOHNNY 2220 LUCERN PARK RD WINTER HAVEN FL 33881	<small>TITLE</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small> D	<input type="checkbox"/> Delete LONTON, HAROLD L 2446 3RD ST NE WINTER HAVEN FL 33881	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	<small>STREET ADDRESS</small>	<small>NAME</small>	<small>STREET ADDRESS</small>
<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>	<small>CITY-ST-ZIP</small>

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 **5-4-03** **863-956-4955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)