

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33361

1. Entity Name

THE LORD JESUS CHRIST CHURCH TRUE HOLINESS FAITH

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90176 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2645 EDISON AVE.  
JACKSONVILLE FL 32204

2645 EDISON AVE.  
JACKSONVILLE FL 32204-3032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2974628

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

MILLER, BISHOP EARL LEE  
2645 EDISON AVE.  
JACKSONVILLE FL 32204

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

*Bishop Earl Lee Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/2000

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 DP  
NAME MILLER, E. L.  
STREET ADDRESS 228 W 4 ST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DP  
NAME Miller, E. L.  
STREET ADDRESS 4535 Friden Dr.  
CITY-ST-ZIP Jacksonville FL 32209 ☒ Change ☐ Addition ☐ Address

TITLE DS  
NAME DICKS, CAMILLA C  
STREET ADDRESS 232 W 4TH ST.  
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE DS  
NAME Dicks, Camilla C  
STREET ADDRESS 3211 Common Wealth Ave.  
CITY-ST-ZIP Jacksonville FL 32209 ☒ Change ☐ Addition ☐ Address

TITLE DT  
NAME MILLER, MARGARET  
STREET ADDRESS 230 W 4 ST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DT  
NAME Miller, Margaret  
STREET ADDRESS 4535 Friden Dr.  
CITY-ST-ZIP Jacksonville FL 32209 ☒ Change ☐ Addition ☐ Address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Bishop Earl Lee Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

Date

904-713-8572

Daytime Phone #

CR2E037 (9/99)