

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38215

1. Entity Name

HOLLY HAMMOCK CHURCH OF DIXIE COUNTY, INC.

Principal Place of Business

Mailing Address

HC 04 BOX 301  
OLD TOWN FL 32680

HC 04 BOX 301  
OLD TOWN FL 32680

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

59-3017423

Applied For

Not Applicable

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

SMITH, JOHNNIE  
5050 101 AVE.  
P. O. BOX 365  
BRONSON FL 32621

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BARBER, JASPER O HC 04 BOX 301 OLD TOWN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARBER, VELMA J HC 04 BOX 301 OLDTOWN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D WAYNE PRINGLE 6160 PRINGLE RD IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, RONALD 142 OAK DRIVE CLEWISTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, LOIS HC 04 BOX 301 OLD TOWN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, MARGARET A 142 OAK DR CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC D PRINGLE, D. Wayne 6160 Pringle Lane Immokalee, FL. 34142-9722	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Pringle 6160 Pringle Lane Immokalee, FL. 34142-9722	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnnie Smith PO Box 365 Bronson, FL. 32621	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maggie M. Smith PO Box 365 Bronson, FL. 32621	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Barber HC 4 B317 Old Town, FL. 32680	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Franklin T. StJohn RR 15 Box 3554 Lake City, FL. 32024	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Velma J Barber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April, 18, 02

Date

Daytime Phone #

352-5427187

FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90070 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

~~Blackman~~ #1038215  
780459  
~~78~~

attachement: .  
D .  
Margaret StJohn .  
rr-15 box 3554- .  
Lake City, Fl. 32024