2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40249 1. Entity Name

FILED May 07, 2002 8:00 am Secretary of State

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, ELDER NEATHER HWY 90 WEST P.O. BOX 915 OUINCY FL 32351 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the state of Florida. SIGNATURE Signature, Typed or private rare of registered agent are title 4 applicable PRILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Particle Financing NAME SHAW, NEATHER ELDER TITLE NAME SHAW, NEATHER ELDER TO SHAW,	HOLI	COMMUNITY CHURCH INCOF	PORATED			7-2002 90235 (O1 Su 041 ****61	
HIGHWAY 9 EAST OUNCY F. 32351 OUNC	Principal Pl	lace of Business	Mailing Address	<u> </u>	<u></u>			
Suite, Apt. #, etc. Suite	HIGHWAY 90) EAST	P.O. BOX 915	- Justin				
Suite, Apt. #, etc. Suite		-	المناسطة المستعملين	`# 		(PÅ FRÆR BEÆRÐ SER GRÆR ER	isi) olon ama	ikli didil idal
City & State A. FEI Number 58-2997551: Next Applied For Next Applied S. Cantificate of Status Desired S. S. Additional of Status Desired S. Name and Address of New Registered Agent Name Shaw, ELDER NEATHER Harry 90 WEST P.O. BOX 915 QUINCY FL 32251 City FL Zip Code ONTE Registered agent, or both, in the state of Florida. SIGNATURE Signature Signature Desired Signature Signature Desired Signature Desi	2. Principa	Il Place of Business	3. Mailing Address	25				
Zip Country Zip Country S. Certificate of Status Desired S8-755 Additional Fee Regulary S. Certificate of Status Desired S8-755 Additional Fee Regulary S. Certificate of Status Desired S8-755 Additional Fee Regulary S. Certificate of Status Desired S8-755 Additional Fee Regulary S. Certificate of Status Desired Agent True Regulary Street Address of New Registered Agent Status Desired Agent Shaw, Name Status Desired Agent Street Address of New Registered Agent Street Address of New	Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	<u> </u>	DO	NOT WRITE IN THIS	SPACE	
S. Centrificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	City & St	tate	City & State		4. FEI Number 59-20	97551		
S. Name and Address of Current Registered Agent Name SHAW, ELDER NEATHER HWY 90 WEST P.O. BOX 915 OUINCY FL 32351 City FLL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, Fyeld or protect rane of registered agent and size if application. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing SHAW, NEATHER ELDER STREET ADDRESS TOP'S 1-29 SHAW, NEATHER ELDER STREET ADDRESS TOP'S 1-29 OUNCY FL UNIVEY FL UNIVER ADDRESS UNIVEY FL UNIVER ADDRESS UNIVEY FL UNIVER ADDRESS	Zip	Country	Zip	Country			\$8.75 Ad	lot Applicable Iditional
SHAW, ELDER NEATHER HWY 90 WEST P. O. BOX 915 OUNICY FL 32351 City FL Zip Code Cit		6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered		be
HWY 90 WEST P.O. BOX 915 OUNICY FI. 32351 6. 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 File NOW: FEE IS SEL25 S. Election Campaign Financing S5.00 May Be Make Check Payable to Department. of State				Name				
P.O. BOX 915 QUINCY FL 32351 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 Signatus, higher or pretent name of implified agent and tile if application. (NOTE, Replaced Agent algorithm required when recritating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing STAUR FLORES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OURS STARE ADDRESS QUINCY FL UNITY FL STARE ADDRESS GITY-ST-2P UNITY FL MAKE STARE ADDRESS GITY-ST-2P UNITY FL GRAPH ADDRESS GITY-ST-2P Change Change Addition Change Change Addition Change Addition Change Addition Change Addition Change Change Addition Change C				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
City	P.O. BOX	(915	:		· · · · · · · · · · · · · · · · · · ·			•
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 Fiorida. SIGNATURE Signature, byeed or printed name of registered agent and stell explanate (NOTE Registered Agent signature required when restricting) DATE	QUINCY	FL 32351	•	City		FI	Zip Coc	ie e
FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SHAW, NEATHER ELDER RT 7 80X 6085 CITY-ST-2P CUINCY FL UNICY FL UNI	o. The abov	ve named entity submits this statement to	r the purpose of changing its	registered office or regis	stered agent, or both, in the s	tate of Florida.		
FILE NOW: FEE IS \$61,25 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SHAW, NEATHER ELDER MAME STREET ADDRESS OUNCY FL UNCY FL UNDAW FRANKLIN STREET OUNCY FL STREET ADDRESS OUNCY	SIGNATURE		· · · · · · · · · · · · · · · · ·					
TULE TO. OFFICERS AND DIRECTORS TITLE SHAW, NEATHER ELDER STREET ADDRESS CITY-ST-ZP		organizate, typed or printed statile or registered agent	and title if appricable. (NOTE	: Registered Agent signature requ	uired when reinstating)	DATE		
TITLE NAME NAME NAME NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME SHAW, NEATHER ELDER TH 7 BOX 6085 CITY ST-ZIP TITLE NAME SHAW, HENRY P Delete NAME SHAW, HENRY P Delete NAME SHAW, HENRY P Delete NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS THET ADDRESS THET ADDRESS THE STRET ADDRESS THE		FILE NOW: FEE IS \$61,25			\$5.00 May Be Added to Fees			
TITLE NAME SHAW, NEATHER ELDER RT 7 80X 6085 QUINCY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DUPONT, DEILA SISTER TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET AD	10.		RECTORS ~	11.	ADDITIONS/CHANGES TO	OFFICERS AND D	BECTORS IN	(10
STREET ADDRESS CITY-ST-ZIP CIT		"	Delete			01110211071110		☐ Addition
CITY-ST-ZIP UINCY FL UITLE SHAW, HENRY P STREET ADDRESS CITY-ST-ZIP UINCY FL 32351 UINCY FL SD OUNCY FL UINCY FL SD OUNCY FL UINCY UINCY FL UINCY UINCY FL UINCY U			·					
SHAW, HENRY P 1008 FRANKLIN STREET QUINCY FL 32351 TITLE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 TITLE NAME DUPONT, DEILA SISTER THE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL TITLE NAME DUPONT, DEILA SISTER THE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET AD	CITY-ST-ZIP	_[
STREET ADDRESS CITY-ST-ZIP CUINCY FL 32351 TITLE NAME DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE		-						
CITY-ST-ZIP QUINCY FL 32351 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL SD DUPONT, DEILA SISTER NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL SD CITY-ST-ZIP QUINCY FL SD SD SD PENDELTON, ROSE MARIE NAME STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE		•	Change	☐ Addition
NAME NAME NAME NAME NAME NAME NAME NAME	STREET ADDRESS	• • • • • • • • • • • • • • • • • • •	Delete	NAME			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP RT 6 BOX 47 QUINCY FL SD SD PENDELTON, ROSE MARIE PO. BOX 915 CITY-ST-ZIP OUINCY FL 32351 ITLE NAME STREET ADDRESS CITY-ST-ZIP OUINCY FL 32351 Change Addition Change		1008 FRANKLIN STREET QUINCY FL 32351	☐ Delete	NAME Street address			. Change	☐ Addition
CITY-ST-ZIP CHange Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Ch	CITY-ST-ZIP TITLE	1008 FRANKLIN STREET QUINCY FL 32351 SD	*****	NAME STREET ADDRESS CITY-ST-ZIP				
Delete Delete TITLE Delete De	CITY-ST-ZIP FITLE NAME	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER	*****	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				Addition
NAME STREET ADDRESS CITY-ST-ZIP CHANGE P.O. BOX 915 QUINCY FL 32351 CITY-ST-ZIP CHANGE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47	*****	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-		
OUINCY FL 32351 OUINCY	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE AME JORINE BURNS CITY-ST-ZIP THE DECON AME AME STREET ADDRESS CITY-ST-ZIP THE DECON AME TREET ADDRESS CITY-ST-ZIP THE DECON AME STREET ADDRESS CITY-ST-ZIP THE DECON AME STREET ADDRESS TREET ADDRESS	CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
AME TREET ADDRESS ITY-ST-ZIP TILE DeaCON AME AME AME AME AME AME AME AM	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TILE DECON AME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP Change Addition TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,		☐ Change	Addition
CITY-ST-ZIP TITLE DECLON AME TREET ADDRESS THE TOWN SON TREET ADDRESS THE TOWN SON TREET ADDRESS THE TOWN SON THE TOWN	TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 LAST. V: C President	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
AME TREET ADDRESS TRUENS Rd TREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP ITLE VAME V	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 AAAT, VIC President Dorine Burns	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
TREET ADDRESS TRUTH S R.d. NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITLE IAME ITLE IAME IAME ITLE IAME ITREET ADDRESS	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 AAAT, VIC President Dorine Burns	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition Addition
TRUE AUDITES BURNS Rd STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 AUT. VIC PIESIDENT Dorine Burns Burns CON	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Change ☐ Change	Addition Addition
ON: O(1) Also to 1 Ab	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE LIAME STREET ADDRESS CITY-ST-ZIP TITLE LIAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS LITY-ST-ZIP TITLE LIAME LI	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 AUT. VIC PIESIDENT Dorine Burns Burns CON	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition
2. 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITLE LIAME LI	1008 FRANKLIN STREET QUINCY FL 32351 SD DUPONT, DEILA SISTER RT 6 BOX 47 QUINCY FL SD PENDELTON, ROSE MARIE P.O. BOX 915 QUINCY FL 32351 ANT. VIC President Dorine Burns CON QUINCY FL 32351	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition