

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

5/5/2003-90258-030-\$70.00-\$70.00

0067614

DOCUMENT # N40249

1. Entity Name
HOLY COMMUNITY CHURCH INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -9 PM 1:51

Principal Place of Business
HIGHWAY 90 EAST
QUINCY FL 32351

Mailing Address
P.O. BOX 915
QUINCY FL 32351

2. Principal Place of Business
24450 Blue Star
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 915
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Quincy Fla 32351
Zip
32351
Country
Gadsden

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Quincy Fla
Zip
32351
Country
Gadsden

4. FEI Number 59-2997551

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 Now Registered Agent

SHAW, ELDER NEATHER
HWY 90 WEST
P.O. BOX 915
QUINCY FL 32351

Name Elder Neather Shaw
Street Address (P.O. Box Number is Not Acceptable)
1008 W Franklin St
City Quincy FL Zip Code 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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, NEATHER ELDER	
STREET ADDRESS	RT 7 BOX 6085	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, HENRY P	
STREET ADDRESS	1008 FRANKLIN STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUPONT, DEILA SISTER	
STREET ADDRESS	RT 6 BOX 47	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PENDELTON, ROSE MARIE	
STREET ADDRESS	P.O. BOX 915	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	BURNS, DORINE	
STREET ADDRESS	BURNS RD	
CITY-ST-ZIP	MIDWAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ALBERT	
STREET ADDRESS	BURNS RD	
CITY-ST-ZIP	MIDWAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neather Shaw President
Date
Daytime Phone #

CR2E037 (10/02)