

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48594

1. Entity Name

HOLY CRUSADE TEMPLE, INCORPORATED

Principal Place of Business

HWY 90 GRETN
626 PALM ST
BLOUNTSTOWN FL 32424

Mailing Address

HWY 90 GRETN
626 PALM ST
BLOUNTSTOWN FL 32424

2. Principal Place of Business

Hwy 90 Gretna

3. Mailing Address

626 Palm St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Cleetha~~ ~~Florida~~ Florida

City & State

Blountstown, Florida

Zip

324

Country

Zip

32424

Country

calhoun

6. Name and Address of Current Registered Agent

PENN, TRENA S
626 PALM ST
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name Trema Penn

Street Address (P.O. Box Number is Not Acceptable)

626 Palm St

City Blountstown

FL

Zip Code 32424

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

TITLE PD ☐ Delete
NAME BROWN, PEARL
STREET ADDRESS 4106 CHARLES ST
CITY-ST-ZIP MOSS POINT MS 39563

TITLE SD ☐ Delete
NAME HOWARD, LATASHA
STREET ADDRESS 4106 CHARLES ST
CITY-ST-ZIP MOSS POINT MS 39563

TITLE PD ☐ Delete
NAME TRENA PENN
STREET ADDRESS 626 PALM ST
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

TRENA PENN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90124 003 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0651474

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)

3/29 / 00 (225) 475-6510