

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48594

1. Entity Name

HOLY CRUSADE TEMPLE, INCORPORATED

Principal Place of Business

Mailing Address

~~HWY 30 GRENA~~
626 PALM ST
BLOUNTSTOWN FL 32424

~~HWY 30 GRENA~~
626 PALM ST
BLOUNTSTOWN FL 32424

2. Principal Place of Business

626 Palm St.
Suite, Apt. #, etc.

3. Mailing Address

626 Palm St.
Suite, Apt. #, etc.

City & State

Blountstown FL

City & State

Blountstown FL

Zip

32424

Country

Calhoun

Zip

32424

Country

Calhoun

6. Name and Address of Current Registered Agent

PENN. TRENA S
626 PALM ST
BLOUNTSTOWN FL 32424

4. FEI Number

64-0651474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Trena S. (Penn) Huffman
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 Trena S. (Penn) Huffman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, PEARL 4108 CHARLES ST MOSS POINT MS 39563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, LATASHA 4108 CHARLES ST MOSS POINT MS 39563	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRENA PENN 626 PALM ST BLOUNTSTOWN FL 32424	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

11

Trena S. (Penn) Huffman

FILED

02 MAY -2 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/12/01 90029 017 \$61.25
01/24/00 01011 011 \$244.00

CR2E037 (5/01)