

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90688 042 \*\*\*\*75.00

38132



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N48748**

1. Entity Name

**FAITH TEMPLE HOLINESS FAMILY, INC.**

Principal Place of Business

Mailing Address

751 S ST. JOHN STREET  
 ST. AUGUSTINE FL 32095  
 US

751 S ST. JOHN STREET  
 ST. AUGUSTINE FL 32095  
 US

2. Principal Place of Business

*Faith Temple Holiness Ch.*

3. Mailing Address

*751 St John St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*St. Augustine FL*

City & State

*St. Augustine FL*

Zip

*32095*

Country

*US*

Zip

*32095*

Country

*US*

4. FEI Number

**NOT APPLICABLE**

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

**BROWN, ELDER EARLY L.  
 85 N. WHITNEY ST.  
 ST. AUGUSTINE FL 32095**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bishop Early L. Brown*

*7-2-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS BROWN, ELDER EARLY L.  
 CITY-ST-ZIP 85 N. WHITNEY ST.  
 ST. AUGUSTINE FL

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS CLARK, MARY G  
 CITY-ST-ZIP JULIA STREET  
 ST. AUGUSTINE FL 32095

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CLARK, CHARLES  
 CITY-ST-ZIP JULIA STREET  
 ST. AUGUSTINE FL 32095

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BROWN, EARTHA  
 CITY-ST-ZIP 85 N WHITNEY  
 ST. AUGUSTINE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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

*Bishop Early L. Brown*

*7-2-02 904-824-9663*

CR2E037 (4/02)