

2006 UNIFORM BUSINESS REPORT (UBR)

0086358

DOCUMENT # **N48748**

1. Entity Name

FAITH TEMPLE HOLINESS FAMILY, INC.

FILED

03 MAY -5 PM 3:44

Principal Place of Business

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

Mailing Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Faith Temple Holiness Family

Suite, Apt. #, etc.

3. Mailing Address

751 S St. John Street

Suite, Apt. #, etc.

City & State

St. Augustine Florida

City & State

Zip

32084

Country

St. John

Country

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.

Bishop
SIGNATURE *Earley L. Brown*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

**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

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**

☐ Change ☐ Addition
700018845797
05/13/03--01061--036 **70.00

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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 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* SIGNATURE REQUIRED

4-25-03 904-824-9663

CR2E037 (9/99)