

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49451

1. Entity Name

HOLINESS OUTREACH MINISTRY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 043 ****66.25

Principal Place of Business

Mailing Address

1559 WEST 28TH ST
JACKSONVILLE FL 32209
US

805 ST CLAIR ST
JACKSONVILLE FL 32254-3133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3134426

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

JACKSON, JESSIE
1755 WEST 10TH STREET
JACKSONVILLE FL 32209

Name JESSIE JACKSON

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

805 ST CLAIR STREET

City JACKSONVILLE

FL

Zip Code 32254

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.

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\$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	D	<input type="checkbox"/> Delete
NAME	JACKSON, JESSIE	
STREET ADDRESS	1755 WEST 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, SHARON	
STREET ADDRESS	1755 WEST 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOYCE BRITTON	
STREET ADDRESS	833 TURTLE CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOBBIE NEWTON	
STREET ADDRESS	1850 WEST 11TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	ANN NEWTON	
STREET ADDRESS	1850 WEST 11TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER S. HAMMONDS	
STREET ADDRESS	1081 RHOND RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL A. WILLIAMS	
STREET ADDRESS	1656 WEST 31 STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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: Jessie Jackson JESSIE JACKSON 4-29-00 904-388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)