

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90183 027 \*\*\*\*66.25

**DOCUMENT # N49451**

1. Entity Name  
**HOLINESS OUTREACH MINISTRY, INC.**



Principal Place of Business

**1559 WEST 28TH ST  
JACKSONVILLE FL 32209  
US**

Mailing Address

**805 ST CLAIR ST  
JACKSONVILLE FL 32254**

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  
805 ST. CLAIR ST.  
JACKSONVILLE FL 32254**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>JACKSON, JESSIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1755 WEST 10TH ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE NAME	<b>D</b> <b>JACKSON, SHARON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1755 WEST 10TH ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE NAME	<b>SD</b> <b>JOYCE BRITTON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>833 TURTLE CREEK DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE NAME	<b>VD</b> <b>HAMMONDS, WALTER S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1081 RHOND RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE NAME	<b>TRD</b> <b>WILLIAMS, CARL A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1656 W. 31 ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** 4/15/03 904-388-0907

CR2E037 (10/02)