## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

☐ Delete

Delete

Delete.

Delete

☐ Delete

Country

-Name · ---- --

City

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

## DOCUMENT # N93000002587 1. Entity Name THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE, FLOR Principal Place of Business Mailing Address 1157 ROMAINE CIRCLE WEST 1157 ROMAINE CIRCLE WEST JACKSONVILLE FL 32225-9009 JACKSONVILLE FL 32225

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

2. Principal Place of Business

Suite, Apt. #, etc.

DR LOUISE HENRY

10.

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME

NAME

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE - - - -

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE (X

CITY-ST-ZIP

CITY-ST-ZIP

1157 ROMAINE CIRCLE WEST JACKSONVILLE FL 32228

**FILE NOW:** 

FEE IS \$61.25

JONES, CHARLIE M

Jones, Milton B

Jacksonville FL

HOWARD, AILENE B

LANE, MATHE L.

JACKSONVILLE FL

HENRY, DR. LOUISE

205 E 44TH ST

JACKSONVILLE FL

1157 ROMAINE CIRCLE WEST

1157 ROMAINE CIRCLE WEST

1157 ROMAINE CIRCLE WEST

Jacksonville FL 32225

6116 CYPRESS INN DIXIE

JACKSONVILLE FL 32225

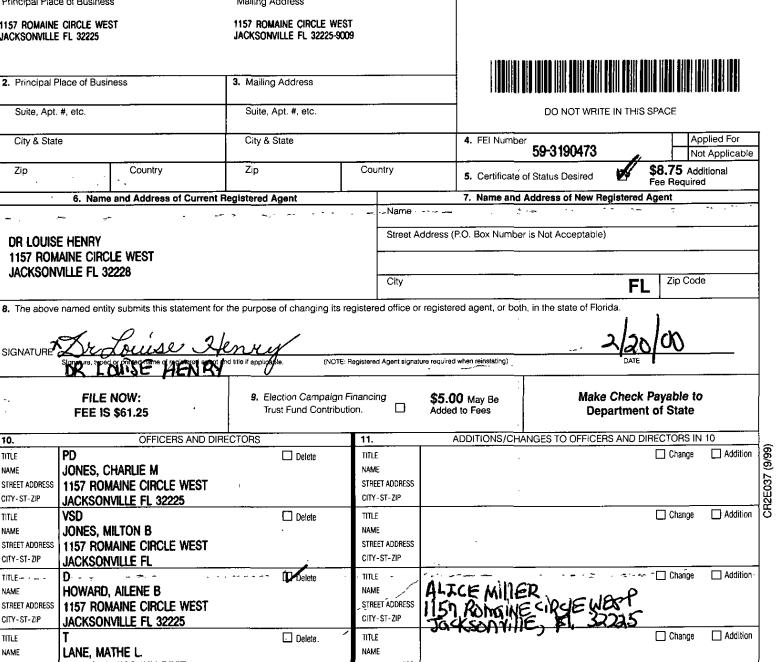
PD

VSD

City & State

## FILED Jun 09, 2000 8:00 am Secretary of State

06-09-2000 90016 004 \*\*\*\*70.00



Change

☐ Change

☐ Addition

Addition