

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002587

Entity Name

THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

7 ROMANE CIRCLE WEST  
JACKSONVILLE FL 32225

Mailing Address

1157 ROMANE CIRCLE WEST  
JACKSONVILLE FL 32225

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3190473

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

DR LOUISE HENRY  
1157 ROMANE CIRCLE WEST  
JACKSONVILLE FL 32228

Name

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

City

FL

Zip Code

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	PD JONES, CHARLIE M	<input type="checkbox"/> Delete
STREET ADDRESS	1157 ROMANE CIRCLE WEST	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
NAME	VSD JONES, MILTON B	<input type="checkbox"/> Delete
STREET ADDRESS	1157 ROMANE CIRCLE WEST	
CITY-STATE-ZIP	JACKSONVILLE FL	
NAME	LANE, MATHE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6116 CYPRESS INN DIXIE	
CITY-STATE-ZIP	JACKSONVILLE FL	
NAME	S HENRY, DR. LOUISE	<input type="checkbox"/> Delete
STREET ADDRESS	205 E 44TH ST	
CITY-STATE-ZIP	JACKSONVILLE FL	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2002

Date

Daytime Phone #

CR2E037 (9/01)