


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

DOCUMENT # *N 93-00000 25 87*

1. Entity Name *Holy Spirit Ministries OF Jacksonville Florida, Inc.*



FILED
04 OCT -8 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1157 Romaine Cir West
Suite, Apt. #, etc.

3. Mailing Address
1157 Romaine Cir. West
Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville Florida

Zip
32225

Country
USA

Zip
32225

Country
USA

600041815036-
10/12/04--01035--012 **75.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-319 0473

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Charlie Mae Jones*

Street Address (P.O. Box Number is Not Acceptable)
1157 Romaine Cir West

City *Jacksonville* FL Zip Code *32225*

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 *Charlie Mae Jones* DATE *10-6-04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President / Pastor Charlie Mae Jones 1157 Romaine Cir. Jax, FL 3222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President Milton B. Jones 1157 Romaine Cir. W. Jacksonville, FL 32225</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Odessa S. Williams 2947 Ribault Cir Jacksonville, FL 32208</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secy. Dr. Allen E. Howard 5816 Lusaid Dr. Jacksonville, Florida 32207</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlie Mae Jones*

CR2E037B (12/02)