


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.

DO NOT WRITE IN THIS SPACE

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

City & State *Jacksonville, Florida* City & State *Jacksonville Florida*

Zip *32225* Country *USA* Zip *32225* Country *USA*

4. FEI Number *59-3190473* Applied For Not Applicable

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

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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* State *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. 32222</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	

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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)