

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90126 031 \*\*\*\*61.25

**DOCUMENT # N93000002587**



1. Entity Name  
**THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE, FLOR  
IDA, INC.**

Principal Place of Business      Mailing Address  
**1157 ROMAINE CIRCLE WEST      1157 ROMAINE CIRCLE WEST**  
**JACKSONVILLE FL 32225      JACKSONVILLE FL 32225**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State



CHECK HERE IF MAKING CHANGES

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			
<b>DR LOUISE HENRY</b> <b>1157 ROMAINE CIRCLE WEST</b> <b>JACKSONVILLE FL 32228</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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 \_\_\_\_\_ (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	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JONES, CHARLIE M</b>			NAME			
STREET ADDRESS	<b>1157 ROMAINE CIRCLE WEST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>			CITY-ST-ZIP			
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JONES, MILTON B</b>			NAME			
STREET ADDRESS	<b>1157 ROMAINE CIRCLE WEST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HENRY, DR. LOUISE</b>			NAME			
STREET ADDRESS	<b>205 E 44TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ODESSA</b>			NAME			
STREET ADDRESS	<b>1157 RUMAINE CIR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Handwritten Signature]*      1-29      D3

CR2E037 (10/02)