

# 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, FLORIDA, INC.**



Principal Place of Business

**1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32225**

Mailing Address

**1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32225**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ 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

**DR LOUISE HENRY  
1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32228**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, CHARLIE M</b>	
STREET ADDRESS	<b>1157 ROMAINE CIRCLE WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, MILTON B</b>	
STREET ADDRESS	<b>1157 ROMAINE CIRCLE WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HENRY, DR. LOUISE</b>	
STREET ADDRESS	<b>205 E 44TH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ODESSA</b>	
STREET ADDRESS	<b>1157 ROMAINE CIR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Charley M Jones* 1-29 D3

CR2E037 (10/02)