

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90097 037 ****70.00

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1. Entity Name

COMMUNITY HOLY CHURCH INCORPORATION



Principal Place of Business

**504 N. 24TH STREET
FORT PIERCE FL 34950**

Mailing Address

**2711 AVE "F"
FORT PIERCE FL 34947**

2. Principal Place of Business

504 N. 24th St.

Suite, Apt. #, etc.

Fort Pierce Fl.

City & State

3. Mailing Address

2711 AVE "F"

Suite, Apt. #, etc.

St. Pierre Fl.

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0556547**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, JAMES REV
2711 AVE "F"
FORT PIERCE FL 34947**

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 **S** ☐ Delete
NAME **EDMONDS, SHORLEY**
STREET ADDRESS **6906 SANTA CLARA BLVD**
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **D** ☐ Delete
NAME **BARNES, ALMA**
STREET ADDRESS **2711 AVE "F"**
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **D** ☐ Delete
NAME **LONG, LARRY**
STREET ADDRESS **110 S. 24TH ST.**
CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE **T** ☐ Delete
NAME **NOBLE, FRANKLIN**
STREET ADDRESS **109 CAMELOT DR.**
CITY-ST-ZIP **FT. PIERCE FL 34947**

TITLE **D** ☐ Delete
NAME **SIMMS, RITA**
STREET ADDRESS **3010 N 25TH ST**
CITY-ST-ZIP **FORT PIERCE FL 349**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED Alma Barnes 04/06/03

CR2E037 (10/02)