

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000002162**

Entity Name

**NEW ST. THOMAS ELIZABETH NON-DENOMINATIONAL MINI**

Principal Place of Business

9500 SW 153RD AVE  
ARCHER FL 32618  
US

Mailing Address

PO BOX 2863  
GAINESVILLE FL 32602  
USFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT 11 AM 10:35

78301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3309633</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

FULTON, BERNICE ELDER  
2891 SOUTH EAST 15TH STREET  
GAINESVILLE FL 32601

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.

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  
After September 12, 2001, min. will be \$236.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FULTON, ELDER BERNICE T	
STREET ADDRESS	2891 SOUTH EAST 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FULTON, BISHOP JOSEPH T	
STREET ADDRESS	2891 SOUTH EAST 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JOYCE MCKNIGHT	
STREET ADDRESS	907 NORTH EAST 24TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	Amy Curtis	<input type="checkbox"/> Delete
NAME	1337 NE 37th PL T	
STREET ADDRESS	Gainesville FL 32607	
CITY-ST-ZIP		
TITLE	Evangelist Andrea Davis	<input checked="" type="checkbox"/> Delete
NAME	P.O. Box 224	
STREET ADDRESS	Archer FL 32618	
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	

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:

Bernice Elder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-01

CR2E037 (5/01)