## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N94000004545 1. Entity Name GOD HOLY MISSION INC. Principal Place of Business Mailing Address 101 MILLER ST 104 IVY ROAD EAST PALATKA FL 32131 PALATKA FL 32177

## **FILED** Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90112 006 \*\*\*\*61.25

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2 Principal Pl	ace of Business	3. Mailing Address				T				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	**************************************			plied For t Applicable	
Zip Country		Zip	Cou	ntry	5. Certificate	of Status Desired		8.75 Addi	itional	
	6. Name and Address of Current	t Registered Agent	1		7. Name and	Address of New Re	gistered Ag	jent		1
				Name						
DRAWNY ANNUE I				Street Address (P.O. Box Number is Not Acceptable)						
Braddy, annie L 104 IVY road										
	A7KA FL 32131									
EAST TACHTON TE SEIST				City			FL	Zip Code	)	
<u> </u>	mone of pro	or the purpose of changing its	rogistor/	nd office or re	cietared agent, or hot	h in the state of Flori		<u>i</u>		Ì
B. The above	named entity submits this statement f	or the purpose of changing is	registere	au onice or re	gistered agent, or bot	n, in the state of rion	ua.			
	1 0	, /								
SIGNATURE.	mu of $BDa$	day	F B 144 4				DATE			
	Signature, typed or printed name of registered ager	nt and title it applicable. (NOT	E: Registere	d Agent signature r	required when reinstating)	···	DATE	<u> </u>		}
<del></del>	FILE NOW:		. =				Check Pa	wahla ta	- 2 - 27 - 72	
				\$5.00 May Be Added to Fees		artment o		İ		
	FEE IS \$61.25									
10.	OFFICERS AND D	IRECTORS	11.			ANGES TO OFFICER	S AND DIRE	CTORS IN	10	٦
TITLE	TDC	Delete	TITLE	: 7.	DC.	) P	I	Change	Addition	CR2E037 (10/00
NAME	WALKER, JERRIE		NAM	E //	20, Bex 214 R	i/A				Ę
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 214 N/A			ET ADDRESS /	fruma Fl 3	1100				03
	SATSUMA FL 32189	□ <b>D</b> -1-4-	TITL	1/5	يموسي			Change	Addition	RZ
NAME :	PTD Braddy, annie L	Delete	NAM	. //	Ruddy, Annie	Ĺ	'			ျပ
STREET ADDRESS	RT. 1 BOX 299 HWY 207			ET ADDRESS	T. 1 BOX 299 1	IW JULY			^	
CITY-ST-ZIP	EAST PALATKA FL 32131		CITY		ast Palatka					
TITLE	ADT	☐ Delete	TITL	- 1/1	カナ		l	Change	☐ Addition	l
NAME	SIMMONS, DARLENE		NAM	E 9	monuis, Dail	2NE 11 R 14D				
STREET ADDRESS	900 N. 15TH APT. B140				alalka Fl				•	{
CITY-ST-ZIP	PLATKA FL 32177		_	- 1	9/9/10 P/	3 <u>///</u>		☐ Change	Addition	1
TITLE NAME	D SIMMONS, CLARENCE J	☐ Delete	TITL	:	min as, Cla	Rence J		Onlinge		
STREET ADORESS	900 N 15TH APT B140			ET ADDRESS	00 N 15th A	71.13140				
CITY-ST-ZIP	-PALATKA FL 32177		CITY	-ST-ZIP	alalka, Fl.	32117		par.im		
TITLE	SD	☐ Delete	TITL	5	D	lace A		Ghange ≠	Addition=	<b>-</b>
NAME	REEVES, MELANIE A		NAM	E K	leeves, Wie	the alport				
STREET ADDRESS	P.O. BOX 126 N/A			EET ADDRESS	03 304111 1	20120				
CITY-ST-ZIP	EAST PALATKA FL 32177			-ST-ZIP	Deeves, me 02 304th 1 0alatka Fl.	32111			Addition	1
TITLE		☐ Delete	TITL NAM	-				☐ Change	☐ Addition	
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP		-				
12. I hereby	Lcertify that the information supplied wi	th this filing does not qualify fo	or the exe	mption stated	I in Section 119.07(3)(	i), Florida Statutes. I	further certif	fy that the in	nformation	1

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. (904)

SIGNATURE: .

SIGNATURE REQUIRED Melanie A. Deeves 1/5/2001 312-032/
GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date