

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006202

1. Entity Name

JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST

Principal Place of Business

103 W COLUMBUS DRIVE  
TAMPA FL 33602

Mailing Address

1608 E 29TH AVE  
TAMPA FL 33605-1124  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2602 E. Palifox St.

TAMPA, FL

33610

Hills.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90126 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CURTIS G SR  
103 W COLUMBUS DRIVE  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

ELDER CURTIS G. WILLIAMS Sr.

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

103 W. Columbus Drive

City

TAMPA

FL

Zip Code

33602

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**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PTD                    | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, CURTIS G SR  |                                 |
| STREET ADDRESS | 206 W WARREN ST        |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, DERRICK E SR |                                 |
| STREET ADDRESS | 2602 E PALIFOX ST      |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, ERIC R SR    |                                 |
| STREET ADDRESS | 1608 E 29TH AVE        |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, CHARLENE     |                                 |
| STREET ADDRESS | 206 W WARREN ST        |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, LENORA       |                                 |
| STREET ADDRESS | 2602 E PALIFOX ST      |                                 |
| CITY-ST-ZIP    | TAMPA FL               |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Minister Algrady Williams     |  |
| STREET ADDRESS | 2001 E. Hillsborough Ave. #13 |  |
| CITY-ST-ZIP    | TAMPA, FL 33610               |  |
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Minister Marco L. Pursley     |  |
| STREET ADDRESS | 507 E. Robles St. A           |  |
| CITY-ST-ZIP    | TAMPA, FL. 33602              |  |
| TITLE          | M                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Missionary Felicia Williams   |  |
| STREET ADDRESS | 1608 E. 29th Ave.             |  |
| CITY-ST-ZIP    | TAMPA, FL. 33605              |  |
| TITLE          | M.                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Missionary Lattrell Goodson   |  |
| STREET ADDRESS | 2502 E. Yukon St.             |  |
| CITY-ST-ZIP    | TAMPA, FL 33604               |  |
| 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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/00

CR2E037 (9/99)