

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003591

1. Entity Name

SACRED HEART ASSEMBLY OF SAINTS INC.

Principal Place of Business

Mailing Address

412 POLK DR.

TALLAHASSEE, FL. 32301

412 POLK DR.

TALLAHASSEE, FL.

32301

2. Principal Place of Business

412 POLK DR.

Suite, Apt. #, etc.

TALLAHASSEE, FL

City & State

32301

Zip

Leon

Country

3. Mailing Address

412 POLK DR.

Suite, Apt. #, etc.

TALLAHASSEE, FL.

City & State

32301

Zip

Leon

Country

4. FEI Number

59-3331303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hazel L. JENKINS

412 POLK DR.

Tallahassee, FL. 32301

7. Name and Address of New Registered Agent

Name

Hazel L. JENKINS

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

412 POLK DR.

Tallahassee, FL.

32301

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

Hazel L. Jenkins PASTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/2000

DATE

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	STD	<input checked="" type="checkbox"/> Delete
NAME	Dorothy Roberts	
STREET ADDRESS	2223 Hillside Road	
CITY-ST-ZIP	Tallahassee, FL. 32304	
TITLE	PASTOR Director	<input type="checkbox"/> Delete
NAME	Hazel L. Jenkins	
STREET ADDRESS	412 POLK DR.	
CITY-ST-ZIP	Tallahassee, FL. 32304	
TITLE	COPD	<input checked="" type="checkbox"/> Delete
NAME	Bertha Williams	
STREET ADDRESS	2756 S. Sandalwood DR. S.	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Patrick Hunter	
STREET ADDRESS	1417 California St.	
CITY-ST-ZIP	Tallahassee, FL. 32304	
TITLE	COPD	<input type="checkbox"/> Delete
NAME	Carrie A. Butler	
STREET ADDRESS	3020 Baron Lane	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hazel L. Jenkins	
STREET ADDRESS	412 POLK DR.	
CITY-ST-ZIP	Tallahassee, FL. 32301	
TITLE	COPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carrie A. Butler	
STREET ADDRESS	3020 Baron Lane	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Hunter	
STREET ADDRESS	1417 California St.	
CITY-ST-ZIP	Tallahassee, FL. 32304	
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:

Hazel L. Jenkins HAZEL L. JENKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000 (850)309-7649

Date

Daytime Phone #

CR2E037 (9/99)