

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N950000003591**

1. Entity Name

**SACRED HEART ASSEMBLY of SAINTS, INC.**

Principal Place of Business

Mailing Address

**412 Polk Dr.  
Tallahassee, FL 32301**

FILED

01 MAY 24 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

**412 Polk Dr.**

**412 Polk Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Tallahassee, FL**

**Tallahassee, FL**

City & State

City & State

**32301**

**32301**

Zip

Country

Zip

Country

4. FEI Number

**54-3331303**

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/24/01**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PO</b>	<input type="checkbox"/> Delete
NAME	<b>Hazel L. Jenkins</b>	
STREET ADDRESS	<b>412 Polk Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>CoPO</b>	<input type="checkbox"/> Delete
NAME	<b>Carrie A. Butler</b>	
STREET ADDRESS	<b>410 Polk Drive Apt. B</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>Nyesha E. White</b>	
STREET ADDRESS	<b>3244 Hester Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Patriek Hunter</b>	
STREET ADDRESS	<b>1417 California St.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32304</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pastor Hazel L. Jenkins</b>	
STREET ADDRESS	<b>412 Polk Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>CoPO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carrie A. Butler</b>	
STREET ADDRESS	<b>410 Polk Dr. Apt. B</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nyesha E. White</b>	
STREET ADDRESS	<b>3244 Hester Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
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		

**800004430668--8**  
**-06/19/01--01107--015**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/24/01 18501309-7649**

Date

Daytime Phone #

CR2E037 (11/00)