

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003591

1. Entity Name

SACRED HEART ASSEMBLY OF SAINTS, INC.

APPROVED
AND
FILED

02 JAN 15 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

412 POLK DRIVE
TALLAHASSEE FL 32301

Mailing Address

412 POLK DRIVE
TALLAHASSEE FL 32301

2. Principal Place of Business

412 Polk Drive

3. Mailing Address

412 Polk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3331303

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, HAZEL L PASTOR
412 POLK DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Hazel L. Butler

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

412 Polk Drive

City

Tallahassee

FL

Zip Code

32301

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 PD
NAME BUTLER, HAZEL L PASTOR ☐ Delete
STREET ADDRESS 412 POLK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE OD
NAME BUTLER, CARRIE L ☐ Delete
STREET ADDRESS 410 POLK DR., APT B
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/T ☐ Change ☒ Addition
NAME Nyesha E. White
STREET ADDRESS 3244 Hester Drive
CITY-ST-ZIP Tallahassee, Florida 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700004785267--1
CITY-ST-ZIP -01/22/02--01003--014
*****61.25 *****61.25
☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. Butler

1-13-02 18501369-0077

CR2E037 (9/01)