

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000003591

FILED

02 MAR 19 AM 9:25

1. Entity Name

SACRED HEART ASSEMBLY OF SAINTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

412 Polk Drive

3. Mailing Address

412 Polk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2002 AMENDED

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

Hazel Butler HAZEL BUTLER

3/19/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Butler, Hazel L. Pastor
412 Polk Drive
Tallahassee, FL 32301

PD
Barkley, Timothy
3944 Camino Real
Tallahassee, FL 32311

DD
Butler, Carrie L.
410 Polk Drive, Apt. B
Tallahassee, FL 32301

OD
Bertha Williams
2556 Southsandalwood Drive
Tallahassee, FL 32310

OD/ST
Nyasha E. White
3244 Hester Drive
Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400005195514--0
-04/05/02--01052--001
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hazel Butler* HAZEL BUTLER

3/19/02

CR2E037B (12/01)