

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

DOCUMENT # N95000003591

1. Entity Name

SACRED HEART ASSEMBLY OF SAINTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

412 Polk Drive

Suite, Apt. #, etc.

3. Mailing Address

412 Polk Drive

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

59-3331303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barkley, Timothy 3944 Camino Real Tallahassee, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005195514--0 -04/05/02--01052--001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Butler, Carrie L. 410 Polk Drive, Apt. B Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Bertha Williams 2556 South Sandalwood Drive Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD/ST Nyasha E. White 3244 Hester Drive Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hazel Butler* *Hazel Butler*

3/19/02

CR2E037B (12/01)