

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002595

1. Entity Name

ST. JOHNS HOLINESS CHURCH, INC.

Principal Place of Business

847 7TH STR  
LIVE OAK FL 32060

Mailing Address

P.O. BOX 1044  
JASPER FL 32052-1044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBINSON, ELDER A  
847 7TH STR  
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name

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

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

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 D  
NAME ROBINSON, ELDER A ☐ Delete  
STREET ADDRESS 859 WEST 7TH AVE.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE CT  
NAME THOMAS, SARAH P ☒ Delete  
STREET ADDRESS EAST ADAMS MEMORIAL DR.  
CITY-ST-ZIP WHITE SPRINGS FL

TITLE T ☒ Delete  
NAME JONES, ELAINE  
STREET ADDRESS 737 IRVIN AVE.  
CITY-ST-ZIP LIVE OAK FL

TITLE T ☐ Delete  
NAME HOWELL, ZELLENE  
STREET ADDRESS RT. 1 BOX 27-C  
CITY-ST-ZIP JENNINGS FL 32058-3

TITLE T ☐ Delete  
NAME WARD, DAVE  
STREET ADDRESS 855 WEST 7 STR  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE T ☐ Delete  
NAME HARRIS, EARLENE  
STREET ADDRESS 855 WEST 7TH ST.  
CITY-ST-ZIP LIVE OAK FL 32060

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE CT ☒ Change ☒ Addition  
NAME JOHN HENRY WHITE  
STREET ADDRESS EAST ADAMS MEMORIAL DR  
CITY-ST-ZIP WHITE SPRING, FLA

TITLE T ☒ Change ☒ Addition  
NAME THOMAS, SARAH P  
STREET ADDRESS EAST MEMORIAL DR.  
CITY-ST-ZIP WHITE SPRINGS, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90106 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452518

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/99)

4-23-00 904-362-2023