

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90004 006 ****61.25

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 32053**

547945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
 NAME **CT**
 STREET ADDRESS **WHITE, JOHN H.**
 CITY-ST-ZIP **EAST ADAMS MEMORIAL DR.
 WHITE SPRINGS FL**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **THOMAS, SARAH P**
 CITY-ST-ZIP **737 IRVIN AVE.
 LIVE OAK FL**

TITLE ☐ Change ☒ Addition
 NAME **(T)**
 STREET ADDRESS **Arthur L. Robinson, Jr**
 CITY-ST-ZIP **Rt 1, Box 27-C
 Jennings, FL 32053**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **(T)**
 STREET ADDRESS **Charles Pate**
 CITY-ST-ZIP **12910 US 90 Lot # 136
 Live Oak, FL 32060**

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

Abraham Robinson

4/26/01

(904) 369-2123

Date

Daytime Phone #