

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90305 022 ****70.00

DOCUMENT # N97000002595

1. Entity Name

ST. JOHNS HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

**847 7TH STR
 LIVE OAK FL 32060**

**P.O. BOX 1044
 JASPER FL 32053**

2. Principal Place of Business

504 NE King STR

3. Mailing Address

Suite, Apt. #, etc.

City & State

LIVE OAK, FLA

City & State

Same

Zip

32064

Country

USA

Zip

Country

4. FEI Number

59-3452518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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)

Same

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	<input type="checkbox"/> Delete
NAME	ROBINSON, ELDER A	
STREET ADDRESS	859 WEST 7TH AVE.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	CT	<input type="checkbox"/> Delete
NAME	WHITE, JOHN H	
STREET ADDRESS	EAST ADAMS MEMORIAL DR.	
CITY-ST-ZIP	WHITE SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ARTHUR L SR	
STREET ADDRESS	RT 1 BOX 27C	
CITY-ST-ZIP	JENNINGS-FL 32053	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, ZELLENE	
STREET ADDRESS	RT. 1 BOX 27-C	
CITY-ST-ZIP	JENNINGS FL 32058-3	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARD, DAVE	
STREET ADDRESS	855 WEST 7 STR	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATE, CHARLES	
STREET ADDRESS	12910 US 90 LOT 136	
CITY-ST-ZIP	LIVE OAK FL 32060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROXANNE WHITE	
STREET ADDRESS	EAST ADAM STR	
CITY-ST-ZIP	WHITE SPRING, FL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INEZ PATE	
STREET ADDRESS	12910 US 90 LOT 136	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature] **REQUIRED** 5/1/02

Date

Daytime Phone #

(386) 590-0344

CR2E037 (9/01)