

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90161 021 ****70.00

0010237

DOCUMENT # N97000004149

1. Entity Name

OLIVE STREET CHURCH OF CHRIST INCORPORATED

Principal Place of Business

Mailing Address

**903 OLIVE STREET
 PALATKA FL 32177**

**519 KIRBY STREET
 PALATKA FL 32177**

2. Principal Place of Business

903 Olive St

3. Mailing Address

519 Kirby St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

Zip

Country

32177 Putnam

Zip

Country

32177 Putnam

4. FEI Number

59-1376105

☒ Applied For

☐ Not Applicable

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

**JONES, RONNIE SR.
 519 KIRBY STREET
 PALATKA FL 32177**

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:

Ronnie Jones Sr **Ronnie Jones Sr** **1-8-001**

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

(NOTE: Registered Agent signature required when re-stating)

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 **DT** ☐ Delete
 NAME **JONES, RONNIE SR.**
 STREET ADDRESS **519 KIRBY STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **ST** ☐ Delete
 NAME **JONES, LILLIE MAE**
 STREET ADDRESS **519 KIRBY STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **DTP** ☐ Delete
 NAME **HICKMAN, W.C.**
 STREET ADDRESS **129 VELVET STREET**
 CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **TRT** ☐ Delete
 NAME **HICKMAN, VIRGINIA**
 STREET ADDRESS **128 VELVET STREET**
 CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE **T** ☐ Delete
 NAME **JONES, RONNIE JR.**
 STREET ADDRESS **519 KIRBY STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☐ Delete
 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 #

904-312-0695

CR2E037 (10/00)