

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N97000004338**

1. Entity Name

KINGDOM OF GOD TABERNACLE HOLINESS CHURCH, INC.



**FILED
May 06, 2003 8:00 am
Secretary of State**

006404

05-06-2003 90025 041 ****63.25

Principal Place of Business
9821 STATE RD 16 WEST
GREEN COVE SPRINGS FL 32043

Mailing Address
P O BOX 13
PENNEY FARMS FL 32079

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **82-0560144**

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

**BRITTON, MILDRED J
4095 PIER STATION RD E
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BRITTON, MILDRED J**
STREET ADDRESS **4095 PIER STATION RD E**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

Delete

TITLE **VD**
NAME **BRITTON, SPENCER**
STREET ADDRESS **4095 PIER STATION RD. E**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

Delete

TITLE **VD**
NAME **ROLLINS, CLARA**
STREET ADDRESS **1124 NORTH ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

Delete

TITLE **STD**
NAME **MARTIN, CORNELIA L**
STREET ADDRESS **1124 NORTH ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

Pastor Mildred J. Britton
SIGNATURE: Pastor Mildred J. Britton

*5-9-03
2/7/03*

904 284-1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)