

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005582

1. Entity Name

HOLINESS TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

2505 BROADWAY  
WEST PALM BEACH FL 33407

2505 BROADWAY  
WEST PALM BEACH FL 33407

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

7. Name and Address of New Registered Agent

DAVIS, JAMES A  
4011 36TH CT  
APT J2  
WEST PALM BEACH FL 33407

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 SD ☐ Delete  
NAME DAVIS, JAMES A  
STREET ADDRESS 2505 BROADWAY  
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE TD ☐ Delete  
NAME GRAVIN, SHENITTA  
STREET ADDRESS 1506 MEADOW CIRCLE WEST  
CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE ☒ Change ☐ Addition  
NAME ~~FRANK~~ Secretary  
STREET ADDRESS Esther Patterson  
CITY-ST-ZIP 6679 1st Street  
Jupiter FL 33458

TITLE MD ☐ Delete  
NAME COLON, SHARON  
STREET ADDRESS 2071 NORTH SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ Change ☐ Addition  
NAME ~~TREASURE~~  
STREET ADDRESS Sandra Hall  
CITY-ST-ZIP 231 West 19th  
Riviera Beach, Florida 33404

TITLE PD ☐ Delete  
NAME TAYLOR, JOANNA  
STREET ADDRESS 5304 BAYSIDE DRIVE  
CITY-ST-ZIP GREENACRES FL 33463

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

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 REQUIRED

*James A Davis*

4-27-1

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FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90174 049 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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