

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91536 039 \*\*\*\*61.25

**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

**532 46 ST**

Suite, Apt. #, etc.

3. Mailing Address

**532-46 ST**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH FL**

City & State

**WEST PALM BEACH**

Zip

**33407**

Country

Zip

**33407**

Country

**P.R.**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **PATTERSON, ESTHER**  
 CITY-ST-ZIP **6679 1ST STREET  
 JUPITER FL 33458**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HALL, SANDRA**  
 CITY-ST-ZIP **231 WEST 19TH STREET  
 RIVIERA BEACH FL 33404**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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: **JAMES A DAVIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-2**

**5613713261**

Date

Daytime Phone #

CR2E037 (9/01)