

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007046

1. Entity Name

OLD PATHS HOLINESS CHURCH, INC.

Principal Place of Business

1115 NW 4TH STREET  
OKEECHOBEE FL 34974

Mailing Address

1115 NW 4TH STREET  
OKEECHOBEE FL 34974

2. Principal Place of Business

2935 Kings Ferry Road  
Suite, Apt. #, etc.

3. Mailing Address

2935 Kings Ferry Road  
Suite, Apt. #, etc.

City & State

Hilliard, Fl.

City & State

Hilliard, Fl.

Zip

32046

Country

Zip

32046

Country

4. FEI Number

65-0800231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREWS, D S  
1115 NW 4TH STREET  
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name

D. Steven Crews

Street Address (P.O. Box Number is Not Acceptable)

2935 Kings Ferry Road

City

Hilliard, Fl.

FL

Zip Code  
32046

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

*D. Steven Crews*

D. Steven Crews, Chairman

4-20-01

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 NAME STREET ADDRESS CITY-ST-ZIP	TRD HAZELLIEF, WILSON 445 NE 70TH RD OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD HARE, ROGER D 1451 SE 32ND AVE. OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDTR CREWS, D. STEVEN 2935 KINGS FERRY ROAD HILLIARD FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr D Chester T. Crews 2935 Kings Ferry Road Hilliard, Fl. 32046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr D Roger D. Hare 973 NE 32nd Avenue Okeechobee, Fl. 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *D. Steven Crews* D. Steven Crews, Chairman 4-20-01 (904)845-3409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0063485

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90151 019 \*\*\*\*61.25