## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 07, 2002 8:00 am § Secretary of State DOCUMENT # **N97000007046** 1. Entity Name OLD PATHS HOLINESS CHURCH, INC. 05-07-2002 90367 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 2935 KINGS FERRY ROAD 2935 KINGS FERRY ROAD HILLIARD FL 32046 HILLIARD FL 32046 2. Principal Place of Business 3. Mailing Address <u>37476 KINGS FERRY RD</u> 37476 KINGS FERRY RD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HILLTARD, HILLIARD, 65-0800231 Not Applicable -- Zip --Zip Country \$8.75 Additional 5. Certificate of Status Desired 32046 32046 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --- Steven-Grews Street Address (P.O. Box Number is Not Acceptable) CREWS, D S 2935 KINGS FERRY ROAD HILLIARD FL 32046 37476 Kings Ferry Rd Zip Code Hilliard. 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. V SIGNATURE Steven Crews, Chairman (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TRD TITLE ☐ Delete TITLE TR D [X] Change Addition CREWS, CHESTER T Chester T. Crews 37476 Kings Ferry Rd. NAME STREET ADDRESS 2935 KINGS FERRY ROAD STREET ADDRESS CITY-ST-ZIP HILLIARD FL 32046 CITY-ST-ZIP Hilliard, Fl. 32046 TRD TITLE ☐ Delete TITLE Change Addition HARE, ROGER D NAME NAME STREET ADDRESS 1973 NE 32ND AVENUE STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34972** CITY-ST-7IP CDTR TITLE ☐ Delete TITLE TR D Change ☐ Addition CREWS, D. STEVEN NAME NAME Steven Crews STREET ADDRESS 2935 KINGS FERRY ROAD STREET ADDRESS 37476 Kings Ferry Rd. = CITY-ST-ZIE HILLIARD FL 32046 CITY-ST-ZIP Hilliard, Fl. 32046 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE: Crews, Chairman 4-18-02 (904)845-3409

STREET ADDRESS

CITY-ST-ZIP