# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 08, 2001 8:00 am**
**Secretary of State**
06-08-2001 90007 018 ****61.25

0007316

DOCUMENT # N98000000158

1. Entity Name

SUNSHINE HOLINESS CHURCH/FELLOWSHIP MINISTRIES,

| Principal Place of Business | Mailing Address |
|---|---|
| 1215 MIDDLEBURG AVE<br>GREEN COVE SPRINGS FL 32073 | 1743 MILLER ST<br>ORANGE PARK FL 32073 |

772533

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

59-3673406

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NEWMAN, JOHN<br>1743 MILLER ST<br>ORANGE PARK FL 32073 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>JOHNSON, ROSLAIND<br>1009 MIDDLBURG AVE<br>GREEN COVE SPRINGS FL 32048 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>HAYES, TANA<br>1420 SPRUCE ST.<br>GREEN COVE SPRINGS FL 32048 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DAT<br>JOHNSON, RUTH Y<br>637 PINE ST.<br>GREEN COVE SPRINGS FL 32048 | ☐ Delete | T<br>Cynthia Newman Brister<br>1743 Miller St<br>Orange Park, FL 32073 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SIMEON, LISA<br>~~125 WOODSIDE AVENUE~~ 7845 Catskill Ct<br>~~ORANGE PARK FL 32073~~ Jacksonville FL 32244 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROBINSON, JOHN<br>1850 MILLER ST<br>ORANGE PARK FL 32073 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: _____ 6-5-01