

2002 UNIFORM BUSINESS REPORT (UBR)

0061719

DOCUMENT # N98000000479

1. Entity Name

MT. PLEASANT HOLINESS CHURCH, INC.

Principal Place of Business

120 US HWY 221 NORTH
GREENVILLE FL 32331

Mailing Address

P O BOX 158
GREENVILLE FL 32331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, ELLA
HWY 140-C
GREENVILLE FL 32331

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 PD
NAME HAMPTON, ELLA PASTOR ☐ Delete
STREET ADDRESS P.O. BOX 545
CITY-ST-ZIP GREENVILLE FL 32331

TITLE DD
NAME HAMPTON, JAMES ☐ Delete
STREET ADDRESS 104 EAST SEVENTH
CITY-ST-ZIP GREENVILLE FL 32331

TITLE SD
NAME TATUM, JOYCE ☐ Delete
STREET ADDRESS ROUTE 2 BOX 10
CITY-ST-ZIP GREENVILLE FL 32331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
700008021847--5
-09/25/02--01071--006
*****61.00 *****61.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature

Date

9-10-2002

Daytime Phone

CR2E037 (9/01)