

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 2002-2003
1. Entity Name
Mt. Pleasant Holiness Church, Inc.
N98000000479



FILED
03 FEB 10 PM 12:24
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
120 us Hwy 881 North P.O. Box 158
Suite, Apt. #, etc.
Greenville, SC 29615
City & State
Zip 29615 Country Madison

3. Mailing Address
Suite, Apt. #, etc.
Greenville, SC 29615
City & State
Zip 29615 Country

4. FEI Number
59-348879
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HAMPTON ELLA
Street Address (P.O. Box Number is Not Acceptable)
Hwy 190-E
Some
City Greenville FL Zip Code 32331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P. Hampton, Ella Pastor P.O. Box 545 Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Hampton, James 104 East Seventh Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.O. Latham, Joyce Rte 2 Box 19 Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/10/03--01097--001 **76.25 300012226913 02/10/03--01097--001 **76.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300012226913 02/10/03--01097--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dissolution removed per P.B.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/2/03

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

2-10-2003

CR2E037B (12/02)