

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90193 014 \*\*\*\*61.25

0001345

**DOCUMENT # N98000001019**

1. Entity Name

**GREATER HALIFAX WORSHIP CENTER, INC.**



Principal Place of Business

**1050 DERBYSHIRE ROAD  
DAYTONA BEACH FL 32117**

Mailing Address

**1050 DERBYSHIRE ROAD  
DAYTONA BEACH FL 32117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3502817**

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

**HIGHTSHOE, JAMES  
1010 N SWALLOWTAIL DR  
# 1201  
PORT ORANGE FL 32129**

*Same Person  
New Address ->*

Name

*James Hightshoe*

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

*103 Camino Circle*

City

*Ormond Beach*

**FL**

Zip Code  
**32174**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HIGHTSHOE, JAMES**  
STREET ADDRESS **1010 N SWALLOWTAIL DR # 1201**  
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Change ☐ Addition  
NAME *James Hightshoe*  
STREET ADDRESS *103 Camino Circle*  
CITY-ST-ZIP *Ormond Beach, FL 32174*

TITLE **D** ☐ Delete  
NAME **HATLEY, RALPH**  
STREET ADDRESS **313 SUNSET AVE**  
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☒ Change ☐ Addition  
NAME *James Hightshoe*  
STREET ADDRESS *103 Camino Circle*  
CITY-ST-ZIP *Ormond Beach, FL 32174*

TITLE **D** ☐ Delete  
NAME **SMITH, CLIFTON**  
STREET ADDRESS **7 W MAIN ST SUITE 300**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James Hightshoe*

*James Hightshoe*

*5/28/03*

*386-239-8344*

CR2E037 (10/02)