2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N9900000669 1. Entity Name EMMANUEL HOLINESS CHURCH, INC. 01-26-2001 90019 015 ****61.25 Principal Place of Business Mailing Address 3502 SANDRIDGE CHURCH RD 3116 SANDRIDGE CHURCH RD SNEADS FL 32460 SNEADS FL 32460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3542160 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, JEROME REV. Street Address (P.O. Box Number is Not Acceptable) 3116 SANDRIDGE CHURCH RD SNEADS FL 32460 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Board member TITLE ☐ Delete ☐ Change M Addition Randy Howell 3242 Sandridge Church Rd LEWIS, JEROME PASTOR NAME NAME STREET ADDRESS 3116 SANDRIDGE CHURCH RD 7 STREET ADDRESS CITY-ST-ZIP SNEADS FL 32460 Sneads 76 CITY-ST-ZIP 32460 TITLE ☐ Delete TITLE Change ■ Addition WEEKS, ADRIAN W MARKE NAME STREET ADDRESS 3116 SANDRIDGE CHURCH RD STREET ADDRESS CITY-ST-ZIP SNEADS FL 32460 CITY-ST-7IP ח TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOWELL, RAY NAME NAME STREET ADDRESS 3240 SANDRIDGE CHURCH RD STREET ADDRESS CITY-ST-ZIP SNEADS FL 32460 CITY-ST-ZIP Delete TITLE ☐ Addition HATCHER, WILLIAM NAME STREET ADDRESS 6512 BUTLER ROAD STREET ADDRESS CITY-ST-ZIP **GRAND RIDGE FL 32442** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

FILED