

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

DOCUMENT # 1199000000669

1. Entity Name

AMENDED— EMMANUEL HOLINESS CHURCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

EMMANUEL HOLINESS CHURCH, INC.

Suite, Apt. #, etc.

3502 SANDRIDGE CHURCH ROAD

City & State

GRAND RIDGE

FLORIDA

Zip

32442

Country

JACKSON

3. Mailing Address

3240 SANDRIDGE CHURCH ROAD

Suite, Apt. #, etc.

City & State

SNEADS

FLORIDA

Zip

32460

Country

JACKSON

4. FEI Number

59-3542160

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

PASTOR/DIRECTOR EVA MAE HOWELL

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

3240 SANDRIDGE CHURCH ROAD

City

SNEADS

FL

Zip Code
32460

**DO NOT WRITE
IN THIS SPACE**

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 PASTOR/DIRECTOR EVA HOWELL

Signature typed or printed name of registered agent and fee if applicable.

Eva Howell Pastor

10/21/2002

(NOTE: Registered Agent signature required when reissuing)

DATE

FEE IS \$81.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR/PASTOR-EVA HOWELL 3240 SANDRIDGE CHURCH ROAD SNEADS, FLORIDA 32460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR/TREASURER-RAY C. HOWELL 3240 SANDRIDGE CHURCH ROAD SNEADS, FLORIDA 32460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR/BOARD MEMBER-RANDY C. HOWELL 3242 SANDRIDGE CHURCH ROAD SNEADS, FLORIDA 32460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR/BOARD MEMBER-ANDY RAINEY SNEADS, FLORIDA 32460 <i>3240 Sandridge Church Road</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR/SECRETARY-JUDY GLISSON SNEADS, FLORIDA 32460 <i>3240 Sandridge Church Road</i>
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Pastor Eva Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2002

Date

(850)593-5167

Telephone Number

FILED

02 OCT 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008895519

11/08/02--01115--002 **61.25

CR2E037B (12/01)