

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005833

1. Entity Name

HEAVENLY STARS OF CHRIST SABBATH KEEPERS CHURCH,

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90013 001 *****70.00

Principal Place of Business

100 CAMELOT DRIVE
FORT PIERCE FL 34946

Mailing Address

100 CAMELOT DRIVE
FORT PIERCE FL 34946

2. Principal Place of Business

813 N 13th ST

Suite, Apt. #, etc.

FT PIERCE FL

City & State

Zip
34950

Country

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. EFT Number

65-0993578

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, JAMES
100 CAMELOT DRIVE
FORT PIERCE FL 34946

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

S
DIANE JOHNSON
100 CAMELOT DRIVE
FT PIERCE FL 34946

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

P
BISHOP JAMES JOHNSON
100 CAMELOT DR
FT PIERCE FL 34946

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

C.W. SMITH
3106 CHEROKEE RD
FT PIERCE FL 34946

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

T
SHARLEY SMITH
3106 CHEROKEE RD
FT PIERCE FL 34946

TITLE ☐ Change ☐ Addition

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:

Bishop James Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2000 561.465.9357

Date

Daytime Phone #

CD05097 (5/00)