

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005833

1. Entity Name

HEAVENLY STARS OF CHRIST SABBATH KEEPERS CHURCH,

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90001 021 ****70.00

Principal Place of Business

813 N 13TH STREET
 FORT PIERCE FL 34950

Mailing Address

100 CAMELOT DRIVE
 FORT PIERCE FL 34946

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0993578

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

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 12, 2001, 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 SD ☐ Delete
 NAME JOHNSON, DIANE
 STREET ADDRESS 100 CAMELOT DRIVE
 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE PD ☐ Delete
 NAME JOHNSON, BISHOP JAMES
 STREET ADDRESS 100 CAMELOT DRIVE
 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D ☐ Delete
 NAME SMITH, C.W.
 STREET ADDRESS 3106 CHEROKEE ROAD
 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE TD ☐ Delete
 NAME SMITH, SHIRLEY
 STREET ADDRESS 3106 CHEROKEE ROAD
 CITY-ST-ZIP FORT PIERCE FL 34946

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

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

TITLE ☐ Change ☐ Addition
 NAME SMITH, C.W.
 STREET ADDRESS 5943 NW REBA Circle
 CITY-ST-ZIP PORT ST LUCIE, FL

TITLE ☐ Change ☐ Addition
 NAME SMITH, SHIRLEY
 STREET ADDRESS 5943 NW REBA Circle
 CITY-ST-ZIP PORT ST LUCIE, FL

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

Bishop James Johnson 9/13/01 561 4654357

CR2E037 (5/01)