

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

DOCUMENT # N99000005833

1. Entity Name
**HEAVENLY STARS OF CHRIST SABBATH KEEPERS
CHURCH, INC.**



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

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
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. 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 initiating)

DATE

**FILE NOW: FEE IS \$61.25
Initial or Amended UBR**

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

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 **6943 NW REBA CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE, FL**

TITLE **TD** ☐ Delete
NAME **SMITH, SHIRLEY**
STREET ADDRESS **6943 NW REBA CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE, FL**

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Date

Daytime Phone #

21 9/10

CR2E037 (10/02)