

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 014 ****61.25

DOCUMENT # N99000006501**1. Entity Name****THE HOLINESS CHURCH OF JESUS IN UNITY, INC.****Principal Place of Business****Mailing Address****1522 NASSAU STREET
TAMPA FL 33607****1522 NASSAU STREET
TAMPA FL 33607****726294**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-3609554**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOUSE, OPHELIA
5603 DREW COURT
TAMPA FL 33619**

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****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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HOUSE, OPHELIA PASTOR 5603 DREW CT. TAMPA FL 33619		<input type="checkbox"/>			
TD BROWN, ALICE 1709 E. 29TH AVE. TAMPA FL 33605		<input type="checkbox"/>			
D BROWN, LINDA F CLERK 5708 N. 22ND. STREET TAMPA FL 33610		<input type="checkbox"/>			
ATD NELSON, MARY 3502 LIBBY LOOP TAMPA FL 33619		<input type="checkbox"/>			
D BROWN, EDDIE A 1709 E. 29TH AVE. TAMPA FL 33605		<input type="checkbox"/>			
		<input type="checkbox"/>			

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:***Ophele House, Pastor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)