


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90223 006 ****61.25

DOCUMENT # N99000006501 1. Entity Name THE HOLINESS CHURCH OF JESUS IN UNITY, INC.					
Principal Place of Business 1522 NASSAU STREET TAMPA FL 33607			Mailing Address 1522 NASSAU STREET TAMPA FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3609554	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D HOUSE, OPHELIA PASTOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5603 DREW CT.		NAME		
STREET ADDRESS	TAMPA FL 33619		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD BROWN, ALICE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1709 E. 29TH AVE.		NAME		
STREET ADDRESS	TAMPA FL 33605		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BROWN, LINDA F CLERK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5708 N. 22ND. STREET		NAME		
STREET ADDRESS	TAMPA FL 33610		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ATD NELSON, MARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3502 LIBBY LOOP		NAME		
STREET ADDRESS	TAMPA FL 33619		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BROWN, EDDIE A <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1709 E. 29TH AVE.		NAME		
STREET ADDRESS	TAMPA FL 33605		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Opheia House - Ophelia House Pastor</i> 4-25-04(813)6268244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					