

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030104

1. Entity Name

I AM THE ROSE OF SHARON MINISTRY, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

02-03-2001 90290 019 ***150.00

Principal Place of Business
P.O. BOX 31
TARPON SPRINGS FL 34688-0332

Mailing Address
P.O. BOX 31
TARPON SPRINGS FL 34688-0332

2. Principal Place of Business
276 Knollwood Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 31
Suite, Apt. #, etc.

City & State
Tarpon Spgs FL
Zip
34689
Country
USA

City & State
Tarpon Spgs FL
Zip
34688
Country
USA

4. FEI Number
31-1751950

Applied For
Not Applicable

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

HOULLIS, MARY L
276 KNOLLWOOD RD.
TARPON SPRINGS FL 34689

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARY L HOULLIS	
STREET ADDRESS	276 KNOLLWOOD RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

7-29-01 727-934-8417

CR2E034 (10/00)