

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0066509

04-06-2001 90003 030 ****61.25

DOCUMENT # 762621

1. Entity Name

FAITH HOLINESS CHURCH OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

% WILBUR F THOMPSON
 1480 WEIBERG ROAD
 DUNDEE FL 33838

% WILBUR F THOMPSON
 P.O. BOX 487
 DUNDEE FL 33838
 US

2. Principal Place of Business

3. Mailing Address

1480 Weiberg Rd.

P.O. Box 487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dundee FL

4. FEI Number

59-2469612

Applied For

Not Applicable

Zip

Country

Zip

Country

33838

USA

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

THOMPSON, WILBURN F
203 WEIBERG RD.
P O BOX 487
DUNDEE FL 33838

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 Delete
 NAME **TD**
 STREET ADDRESS **THOMPSON, SANDRA A**
 CITY-ST-ZIP **203 WEIBERG RD. DUNDEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~PD~~
 STREET ADDRESS ~~THOMPSON, WILBURN F~~
 CITY-ST-ZIP ~~203 WEIBERG RD. DUNDEE FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **THOMPSON, EUGENE N**
 CITY-ST-ZIP **3103 AVE T, NW WINTER HAVEN, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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 *Sandra A. Thompson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sandra A. Thompson Treasurer**

4/3/01
 Date

(863) 439-2106
 Daytime Phone #

CR2E037 (10/00)