2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-01-2001 91340 042 ****70.00

DOCUMENT # 722621

1. Entity Name HOUSE OF GOD PENTECOSTAL CHURCH OF THE LIVING GOD GATES OF HEAVEN.

Principal Place of Business	Mailing Address
830 SW 4th ST HOMESTEAD, FL 33030	10730 SW 218 ST Goulds,FL 33170

[redacted]

DO NOT WRITE IN THIS SPACE

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 592591056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOTHER, DAISY MORTIMER
10730 SW 218th ST
GOULDS, FL 33170

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.

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/B/P BISHOP, CHARLIE WILLIAMS 10720 SW 218th ST GOULDS, FL. 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/A/P/G/M MOTHER, ANNIE SARAH WILLIAMS 10720 SW 218th ST GOULDS, FL. 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/R/E/G/S MOTHER, DAISY MORTIMER 10730 SW 218th ST GOULDS, FL. 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/M MOTHER, CHARLIE CALDWELL 995 NW 9th AVE. FLORIDA CITY, FL. 33034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C/D DEACON, LONNIE CALDWELL 995 NW 9th AVE. FLORIDA CITY, FL. 33034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/G/T/E/D EVANGELIST, JOE MAYO 13204 SW 253 TER. HOMESTEAD, FL. 33032	☐ Change ☒ Addition

CR2E037 (11/00)

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.

D/R/L/G/S, D/R/E/G/S

SIGNATURE: Mother Daisy Mortimer MOTHER, DAISY MORTIMER 2/21/01 (305)251-0739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment sheets

#722621/33498

[redacted]

Addition

TITLE

D/G/Y/T/E= EVANGELIST, MILTON DANIEL BAILEY
914 NW 3rd ST.
FLORIDA CITY, FL. 33034