

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704142

1. Entity Name

THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FA  
ITH, INC.

Principal Place of Business

Mailing Address

1250 N.W. 43RD ST.  
MIAMI FL 33142

1250 N.W. 43RD ST.  
MIAMI FL 33142

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

NOT APPLICABLE

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

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

TITLE PD  
NAME ARLINE, BISHOP DANIEL  
STREET ADDRESS 1250 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE VD  
NAME DAVIS, DEACON WADE  
STREET ADDRESS 1250 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE SD  
NAME ARLINE, EVALENA  
STREET ADDRESS 1250 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE TD  
NAME DAVIS, JEWEL  
STREET ADDRESS 1250 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

2/18/02

305-635-3673



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)