

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90019 050 ****70.00

DOCUMENT # 711344

1. Entity Name

THE CHURCH OF GOD, TRUE HOLINESS OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2260 NW 117TH ST
 MIAMI FL 33167
 US

Mailing Address
 2260 NW 117TH ST
 P.O. BOX 580
 MIAMI FL 33167-3039
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0030202** Applied For
 Not Applicable

Zip Country Zip Country 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

WILSON, MAMIE Y
 11434 NW 22ND AVE
 MIAMI FL 33167

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 *Mamie Y. Wilson*
 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	Change	Addition
VD	WILSON, JOHN W	11334 NW 22ND AVE	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	WILSON, MAMIE YVONNE	11434 NW 22ND AVE	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	WORTHAM, WALTER	2260 NW 117TH ST	MIAMI, FL 33147	<input type="checkbox"/>	<input type="checkbox"/>
TD	WILSON, MAMIE	6926 S. W. 4TH CT.	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Mamie Y. Wilson* president 4-17-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAMIE J. WILSON 305-6926585
 Date Daytime Phone #

CR2E037 19/99