2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # 711344** 03-22-2004 90030 024 ****70.00 THE CHURCH OF GOD, TRUE HOLINESS OF MIAMI, INC. Mailing Address Principal Place of Business 2260 NW 117TH ST P.O. BOX 680580 MIAMI FL 33167 2260 NW 117TH ST 54020540 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0030202 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, MAMIE Y Street Address (P.O. Box Number is Not Acceptable) 2260 NW 117TH STREET **MIAMI FL 33167** City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Stonabure, 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 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition WILSON, JOHN W NAME NAME 11334 NW 22ND AVE STREET ADDRESS STREET ADDRESS MIAMI FL CiTY - ST - ZIP CITY-ST-ZIP PD ☐ Delete TITLE TITLE ☐ Change Addition WILSON, MAMIE YVONNE NAME NAME 11434 NW 22ND AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WORTHAM, WALTER NAME 2260 NW 117TH ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE TITLE Change ☐ Addition WILSON, MAMIE NAME NAME 6926 S. W. 4TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete nn e TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 is

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED