

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90002 050 ****61.25

DOCUMENT # 735197

1. Entity Name

CHURCH OF GOD EVANGELIST CENTER, INC.

Principal Place of Business

3152 NW 57TH ST
 MIAMI FL 33142

Mailing Address

3152 NW 57TH ST
 MIAMI FL 33142

2. Principal Place of Business

CHURCH OF GOD Evangelist
 Suite, Apt. #, etc.
 3152 N.W. 57th ST

3. Mailing Address

SAME

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

4. FEI Number

65-0214376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORKMAN, DEBORHA
 1480 N.W. 87TH TERR.
 MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: *DEBORHA U. (OR) LMAN*
 Street Address (P.O. Box Number is Not Acceptable)
 1480 N.W. 87th TERRACE
 MIAMI, FL 33147

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: **PV** ☐ Delete
 NAME: **HICKS-GILMORE, DENISE**
 STREET ADDRESS: **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **PD** ☐ Delete
 NAME: **WORKMAN, DEBORAH**
 STREET ADDRESS: **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **SD** ☐ Delete
 NAME: **GILMORE, MARY E.**
 STREET ADDRESS: **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **TD** ☐ Delete
 NAME: **GILMORE, CORA**
 STREET ADDRESS: **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME: **DENISE GILMORE-MOSES**
 STREET ADDRESS: **1480 N.W. 87th TERRACE**
 CITY-ST-ZIP: **MIAMI FL - 33147**

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

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

TITLE: **TREASURER** ☒ Change ☐ Addition
 NAME: **CORA GILMORE TIZINKA**
 STREET ADDRESS: **1480 N.W. 87th TERRACE**
 CITY-ST-ZIP: **MIAMI FL 33147**

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

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

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:

DEBORHA U. (OR) LMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/2001

Daytime Phone #

(305) 696-9946

CR2E037 (10/00)