

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90224 009 ****61.25

DOCUMENT # 735197

1. Entity Name

CHURCH OF GOD EVANGELIST CENTER, INC.

Principal Place of Business

Mailing Address

3152 NW 57TH ST
 MIAMI FL 33142

3152 NW 57TH ST
 MIAMI FL 33142

2. Principal Place of Business

Church of God Evangelist Ctr

3. Mailing Address

SAME

Suite, Apt. #, etc.

3152 NW 57th St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33142

USA

Zip

Country

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

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

Deborha Workman
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/02
 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 **VP** ☐ Delete
 NAME **HICKS-GILMORE, DENISE**
 STREET ADDRESS **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33147**

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 **T** ☐ Delete
 NAME **GILMORE, CORA**
 STREET ADDRESS **1480 N.W. 87TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33147**

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

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 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:

Deborha Workman

1/25/02

(205)

033-0373

CR2E037 (9/01)