

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0029159

04-01-2002 90661 050 \*\*\*\*61.25

**DOCUMENT # 741524**

1. Entity Name

**MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS CHURCH, INC.**

Principal Place of Business

Mailing Address

1766 N.W. 85 STREET  
 MIAMI FL 33147

C/O EULA NELSON  
 1420 NW 20TH CT #A  
 FT LAUDERDALE FL 33311

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 **65-0028303**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, EULA**  
**1420 NW 20TH COURT #A**  
**FORT LAUDERDALE FL 33311**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEMP, JOHNNY L	
STREET ADDRESS	3950 N.W. 177TH STREET	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEMP, PATTY L	
STREET ADDRESS	3950 NW 177TH ST	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, OTIS L	
STREET ADDRESS	3910 NW 177TH STREET	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORTIMER, CHRISTINE	
STREET ADDRESS	4230 NW 173 DR	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN-REIL, KARL	
STREET ADDRESS	7607 W 40TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORTIMER, LAFARIES	
STREET ADDRESS	521 NW 56 STREET	
CITY-ST-ZIP	MIAMI FL 33127	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEY, LILLIAN	
STREET ADDRESS	5109 NW 27 Ave.	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, WILENA	
STREET ADDRESS	20861 NW 9 CT # 204	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBORN, ANNIE	
STREET ADDRESS	3301 NW 171 TERR	
CITY-ST-ZIP	CAROL CITY, FL 33056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMFORD, TADERRY L.	
STREET ADDRESS	1800 NW 85 ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Eula Nelson* **EULA NELSON** Agent **3-2-02** **954-527-2630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)