

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762680

1. Entity Name

Holiness House of Worship, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 5:39

Principal Place of Business

2320 NW 2nd St.
Pompano Beach, FL
33069

Mailing Address

740 NW 17th Ct.
Pompano Bch, FL
33060

2. Principal Place of Business

2320 NW 2nd St.

3. Mailing Address

740 NW 17th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch., FL

City & State

Pompano Bch., FL

4. FEI Number

592206043

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33060

Country

Broward

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

Willie B. Johnson
740 NW 17th Ct.
Pompano Bch., FL
33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

000004649960--4

-10/23/01 FD1049-012

*****61.25 *****61.25

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.

000004649960--4

-10/23/01 FD1049-013

*****8.75 *****8.75

SIGNATURE Willie B. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

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

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Addition

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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: Willie B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01

Date

904-943-0704

Daytime Phone #

CR2E037 (11/00)