

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.
Suite, Apt. #, etc.

3. Mailing Address
740 NW 17th Ct.
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

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

Zip
33069

Country
Broward

Zip
33060

Country
Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Willie B. Johnson

Street Address (P.O. Box Number is Not Acceptable)
740 NW 17th Ct.
Pompano Bch., FL
33060

City
Pompano Beach, FL 33060

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.

SIGNATURE Willie B. Johnson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000004649960--4
-10/23/01 FD1049-013
*****8.75 *****8.75

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	President - Director Robert Johnson 740 NW 17th Ct. Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	V. President - Director Kenneth Holmes 2920 NW 6th Ct. Ft. Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Secretary / Treasurer Willie B. Johnson 740 NW 17th Ct. Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Director Franklin Robinson 1741 NW 11th Avenue, #4 Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	000004649960--4 -10/23/01 FD1049-013 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 10/8/01 904-943-0704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)