

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

4/4/2

4

04-04-2003 90079 024 ****70.00

DOCUMENT # 763545

1. Entity Name

NON-DENOMINATIONAL HOLINESS CHURCH, INC.



Principal Place of Business
% REV. JAMES ROLLISON
14255 SW 108TH CT
MIAMI FL 33178

Mailing Address
% REV. JAMES ROLLISON
14255 SW 108TH CT
MIAMI FL 33178

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 **59-2255746**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLISON, JAMES REV. JR.
14255 SW 108TH COURT
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name: **Sharon Smith**
Street Address (P.O. Box Number is Not Acceptable):
14480 Carver Dr
Miami
City: **FL** Zip Code: **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon Smith

Sharon Smith

06/02/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLISON, REV JAMES, JR 14255 SW 108TH COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRIZARRY ELLALOU 9000 NW 33 AVE RD MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, CORINE 14825 S.W. 104 PLACE MIAMI FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINISTRE SHARON SMITH 14480 CARVER DR MIAMI FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

JAMES ROLLISON *4/3/03* *305-251-9707*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2ED37 (10/02)