

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90081 016 \*\*\*\*\*70.00

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DOCUMENT # F00000002096

1. Entity Name

PENTECOSTAL EPISTLE OF CHRIST HOLINESS CHURCH, I

Principal Place of Business

P.O. BOX 471264  
MIAMI FL 33247

Mailing Address

P.O. BOX 471264  
MIAMI FL 33247

2. Principal Place of Business

1270 NW 62nd St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

Country

33147 USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, NORRIS L  
2145 NW 64TH ST  
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name Golden, Norris L.

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

1852 NW 51 Terr.

City Miami

FL

Zip Code 33142

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	GOLDEN, NORRIS L	
STREET ADDRESS	2145 NW 64TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	WV	<input type="checkbox"/> Delete
NAME	GOLDEN, MARY J	
STREET ADDRESS	2145 NW 64TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, FREDERICK D	
STREET ADDRESS	2145 NW 64TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, VAUGHN JR	
STREET ADDRESS	1329 NE 105 ST APT 3	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LORIE NEWMAN	
STREET ADDRESS	8100 NE 1ST AVE APT 3	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMILLE, JENNIFER D	
STREET ADDRESS	15 NW 70TH ST	
CITY-ST-ZIP	MIAMI FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden, Norris L	
STREET ADDRESS	1852 NW 51 Terr.	
CITY-ST-ZIP	Miami, FL. 33142	
TITLE	W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden, Mary J	
STREET ADDRESS	1852 NW 51 Terr.	
CITY-ST-ZIP	Miami, FL. 33142	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Frederick D.	
STREET ADDRESS	1852 NW 51 Terr.	
CITY-ST-ZIP	Miami, FL. 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONZELL Williams	
STREET ADDRESS	2000 NW 68th St Bldg 2 Apt 105	
CITY-ST-ZIP	Miami, FL. 33147	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Lorie Newman	
STREET ADDRESS	2000 NW 68th St. Bldg 2 Apt 105	
CITY-ST-ZIP	Miami, FL. 33147	
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:

Norris L. Golden

NORRIS L. Golden (305) 636-4462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)