


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90533 018 ****70.00

DOCUMENT # F00000002096 1. Entity Name PENTECOSTAL EPISTLE OF CHRIST HOLINESS CHURCH, INC.			
Principal Place of Business 2634 NW 62ND ST. MIAMI FL 33147		Mailing Address PO BOX 470012 MIAMI FL 33247	
2. Principal Place of Business 2634 N.W. 62nd St.		3. Mailing Address P.O. Box 470012	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33147		Zip 33247	
Country USA		Country USA	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOLDEN, NORRIS L 3221 NW 178TH ST. CAROL CITY FL 33056		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, NORRIS L	NAME	
STREET ADDRESS	3221 NW 178TH ST.	STREET ADDRESS	
CITY- ST- ZIP	OPA LOCKA FL 33056	CITY- ST- ZIP	
TITLE	WS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, MARY J	NAME	
STREET ADDRESS	3221 NW 178TH ST.	STREET ADDRESS	
CITY- ST- ZIP	CAROL CITY FL 33056	CITY- ST- ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, FREDERICK D	NAME	
STREET ADDRESS	3221 NW 178TH ST.	STREET ADDRESS	
CITY- ST- ZIP	CAROL CITY FL 33056	CITY- ST- ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONZELL, WILLIAMS	NAME	
STREET ADDRESS	2000 NW 68TH ST, BLDG 2 APT 105	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33147	CITY- ST- ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LORIE NEWMAN	NAME	
STREET ADDRESS	2000 NW 68TH ST, BLDG 2 APT 105	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33138	CITY- ST- ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLE, JENNIFER D	NAME	
STREET ADDRESS	15 NW 70TH ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33150	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: <i>Norris L. Golden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-26-04</i> Daytime Phone # <i>(305) 638-0744</i>	