

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 011 ****70.00

DOCUMENT # F00000002096

1. Entity Name
**PENTECOSTAL EPISTLE OF CHRIST HOLINESS
CHURCH, INC.**



Principal Place of Business
**2634 N.W. 62ND ST.
MIAMI, FL 33147 US**

Mailing Address
**P.O. BOX 470012
MIAMI, FL 33247 US**

50056740



2. Principal Place of Business

6337 NW 24 PL.

3. Mailing Address

P.O. Box 24161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052005

Chg-NP

CR2E037 (10/03)

City & State

Miami, Florida

City & State

SAVANNAH, Georgia

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
3221 NW 178TH ST.
CAROL CITY, FL 33056**

7. Name and Address of New Registered Agent

Name **NORRIS L. GOLDEN**

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

6337 NW 24 PL

City

Miami

FL

Zip Code

33147

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

Norris L. Golden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-05

**Filing Fee is \$61.25
Due by September 7, 2005**

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	CP	<input type="checkbox"/> Delete
NAME	GOLDEN, NORRIS L	
STREET ADDRESS	3221 NW 178TH ST.	
CITY-ST-ZIP	OPA LOCKA, FL 33056	
TITLE	WS	<input type="checkbox"/> Delete
NAME	GOLDEN, MARY J	
STREET ADDRESS	3221 NW 178TH ST.	
CITY-ST-ZIP	CAROL CITY, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, FREDERICK D	
STREET ADDRESS	3221 NW 178TH ST.	
CITY-ST-ZIP	CAROL CITY, FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONZELL, WILLIAMS	
STREET ADDRESS	2000 NW 68TH ST, BLDG 2 APT 105	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LORIE NEWMAN	
STREET ADDRESS	2000 NW 68TH ST, BLDG 2 APT 105	
CITY-ST-ZIP	MIAMI, FL 33147	
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	1003 PORTER STREET	
CITY-ST-ZIP	SAVANNAH, Georgia 31415	
TITLE	WS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, MARY J	
STREET ADDRESS	1003 PORTER STREET	
CITY-ST-ZIP	SAVANNAH, Georgia 31415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Frederick D	
STREET ADDRESS	15 NW 70th St.	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BELLE	
STREET ADDRESS	6337 NW 24 PL	
CITY-ST-ZIP	Miami, Florida 33147	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" 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 I am empowered.

SIGNATURE:

Norris L. Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-18-05

Daytime Phone #