2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90012 021 ****70.00

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

Principal Place of Business	Mailing Address
6337 NW 24 PL MIAMI, FL 33147 US	PO BOX 24161 SAVANNAH, GA 31403 US

401179U4

05062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
6337 NW 24 PL
MIAMI, FL 33147

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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 5-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GOLDEN, NORRIS L
STREET ADDRESS	~~1069 PORTER STREET~~ 6 Fox Hound CT.
CITY-ST-ZIP	~~SAVANNAH, GA 31415~~ Pooler, GA. 31322
TITLE	VS
NAME	GOLDEN, MARY J
STREET ADDRESS	~~1069 PORTER STREET~~ 6 Fox Hound CT
CITY-ST-ZIP	~~SAVANNAH, GA 31415~~ Pooler, GA. 31322
TITLE	D
NAME	REED, FREDERICK D
STREET ADDRESS	15 NW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	BELLE, MARY
STREET ADDRESS	6337 NW 24 PL
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	S
NAME	WILLIAMS, LORIE NEWMAN
STREET ADDRESS	2000 NW 68TH ST. BLDG 2 APT 105
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	T
NAME	CAMILLE, JENNIFER D
STREET ADDRESS	15 NW 70TH ST
CITY-ST-ZIP	MIAMI, FL 33150

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #