

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

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

04-11-2003 90194 018 *****70.50

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1. Entity Name

**PENTECOSTAL EPISTLE OF CHRIST HOLINESS CHURCH, I
NC.**



Principal Place of Business

1723 NW 78TH ST.
MIAMI FL 33147

Mailing Address

P.O. BOX 471264
MIAMI FL 33247

20029383

2. Principal Place of Business

2634 NW 62nd St.

3. Mailing Address

P.O. Box 470012

Suite, Apt. #, etc.

Miami, Fl.

Suite, Apt. #, etc.

Miami, Fl.

City & State

33147

City & State

33247

Zip

Country

USA

Zip

Country

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
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

FL

Zip Code

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

4-7-03

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 **CP** ☐ Delete
NAME **GOLDEN, NORRIS L**
STREET ADDRESS **3221 NW 178TH ST.**
CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE **WS** ☐ Delete
NAME **GOLDEN, MARY J**
STREET ADDRESS **3221 NW 178TH ST.**
CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE **D** ☐ Delete
NAME **REED, FREDERICK D**
STREET ADDRESS **3221 NW 178TH ST.**
CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE **D** ☐ Delete
NAME **DONZELL, WILLIAMS**
STREET ADDRESS **2000 NW 68TH ST, BLDG 2 APT 105**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **S** ☐ Delete
NAME **WILLIAMS, LORIE NEWMAN**
STREET ADDRESS **2000 NW 68TH ST, BLDG 2 APT 105**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **T** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED** Norris L. Golden 4-7-03

CR2E037 (10/02)