

5/17

FILED

Jun 29, 2001 8:00 am
Secretary of State

05-17-2001 91078 026 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002999

1. Entity Name

THE HOUSE OF GOD APOSTOLIC FAITH CHRIST MINISTRI

Principal Place of Business

4371 NW 167 STREET
MIAMI FL 33055

Mailing Address

4371 NW 167 STREET
MIAMI FL 33055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEJN

65-1023704

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, MARGE
4371 NW 167 STREET
MIAMI FL 33055

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.

SIGNATURE

Marge Goodman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, MARGE	
STREET ADDRESS	4371 NW 167 STREET	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, FREDRILL	
STREET ADDRESS	4371 NW 167 STREET	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KINEARD, AUDREY	
STREET ADDRESS	4371 NW 167 STREET	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCFADDEN, PEARLINE	
STREET ADDRESS	4371 NW 167 STREET	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINEARD, FREDDIE L	
STREET ADDRESS	4371 NW 167 STREET	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

Marge Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-3-01

Daytime Phone #

CR2E037 (10/00)