

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90113 044 \*\*\*100.00

<b>DOCUMENT # N02000000886</b> 1. Entity Name <b>HOLINESS EVANGELICAL CHURCH INC.</b>			
Principal Place of Business <b>6319 NW 2ND AVE MIAMI, FL 33150</b>		Mailing Address <b>HOLINESS EVAN. CHURCH, INC. 606A PLUNKETT ST HOLLYWOOD, FL 33023</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>Holiness Evan. Church</i> <i>Suite, Apt. #, etc.</i> <i>606A Plunkett St.</i> <i>Hollywood, FL 33023</i> City & State Zip <i>33023</i>	
Country <i>USA</i>		4. FEI Number <b>04-3599734</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03082005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>PIERRE, MICHEL 6064 PLUNKETT ST. HOLLYWOOD, FL 33023</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, KETTLY 6064 PLUNKETT ST. HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERRE, FRANTZ 482 NW 165 ST. RD., APT. #407 MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>436 NW 83 Street</i> <i>Miami, FL 33150</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERRE, MILLIANE 6064 PLUNKETT ST. HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Michelle Pierre Kettly Pierre</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>03/09/05</i> <i>305-962-7995</i> <small>Date Daytime Phone #</small>	