

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

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90144 003 \*\*\*100.00

**DOCUMENT # N02000000886**

1. Entity Name

**HOLINESS EVANGELICAL CHURCH INC.**



Principal Place of Business

**6064 PLUNKETT STREET  
HOLLYWOOD FL 33023**

Mailing Address

**6064 PLUNKETT STREET  
HOLLYWOOD FL 33023**

2. Principal Place of Business

**6319 NW 2nd Ave.**

3. Mailing Address

**Holiness Evan. Church Inc.**

Suite, Apt. #, etc.

**Miami, Florida**

Suite, Apt. #, etc.

**6064 Plunkett St.**

City & State

City & State

**Hollywood Florida**

Zip

Country

**33150**

**USA**

Zip

Country

**33023**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-3599734**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERRE, MICHEL  
12955 N.E. 14TH AVENUE  
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

**Pierre Michel  
6064 Plunkett Street**

City

**Hollywood**

**FL**

Zip Code

**33023**

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 **Michel Pierre**

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

(NOTE: Registered Agent signature required when reinstating)

**01/21/2003**

DATE

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE, MILLIANE</b>	
STREET ADDRESS	<b>482 N.E. 165 ST #A407</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOUSSE, KELY</b>	
STREET ADDRESS	<b>6034 DEWEY STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE, KETTLY</b>	
STREET ADDRESS	<b>6034 DEWEY STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Sub Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gousse, Kely</b>	
STREET ADDRESS	<b>6034 Dewey St</b>	
CITY-ST-ZIP	<b>Miami, FL 33169</b>	
TITLE	<b>Frantz Pierre</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frantz Pierre</b>	
STREET ADDRESS	<b>482 NW 165 Street Rd.</b>	
CITY-ST-ZIP	<b>Miami, FL 33169</b>	
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: **Michel Pierre** **REQUIRED**

**01/21/2003**

**954-981-7486**

CR2E037 (10/02)