

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

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90020 029 ****61.25

DOCUMENT # N02000005979

1. Entity Name
GOLGOTHA CHURCH OF GOD INC.



Principal Place of Business
**12985 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161**

Mailing Address
**12985 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12985 WEST DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
12985 WEST DIXIE HWY
Suite, Apt. #, etc.

City & State
N. MIAMI, FLORIDA
Zip
33161
Country
USA

City & State
NORTH MIAMI, FLORIDA
Zip
33161
Country
USA

4. FEI Number
41-2054099
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ZAMOR, WALNES
80 N.W. 184TH TERRACE
MIAMI FL 33169

7. Name and Address of New Registered Agent
Name
ZAMOR, WALNES
Street Address (P.O. Box Number is Not Acceptable)
80 NW 184TH TERRACE
City
MIAMI, FLA FL Zip Code
33169

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 **WALNES ZAMOR** (NOTE: Registered Agent signature required when reinstating) DATE **09-17-03**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	JEAN CLAUDE, Jean Wilson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN CLAUDE, JEAN WILSON		NAME	80 NW 184TH TERR	
STREET ADDRESS	80 N.W. 184TH TERR		STREET ADDRESS	MIAMI, FLA 33169	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PIERRE LOUIS, JEAN ANTOINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE LOUIS, JEAN ANTOINE		NAME	730 NW 135ST	
STREET ADDRESS	80 N.W. 184TH TERR		STREET ADDRESS	MIAMI, FLA 33168	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D JEAN ERNST JEAN LOUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNALD, GUIRAND		NAME	10.00 NW 126 ST	
STREET ADDRESS	12985 WEST DIXIE HIGHWAY		STREET ADDRESS	MIAMI, FLA 33168	
CITY-ST-ZIP	NORTH MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JEAN LOUIS** (NOTE: Registered Agent signature required when reinstating) DATE **09-17-03** 305-6909109

CR2E037 (4/03)