2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 10, 2005 8:00 am Secretary of State DOCUMENT # N04000011656 1. Entity Name 05-10-2005 90114 041 ****61.50 THE CHURCH OF JESUS CHRIST OF HOLINESS, INC. Principal Place of Business Mailing Address 1001 NW 45TH ST. MIAMI FL 33127 1001 NW 45TH ST. MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CELESTIN, LOULOUSE PASTOR Street Address (P.O. Box Number is Not Acceptable) 1001 NW 45TH ST. **MIAMI FL 33127** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition TITLE Delete TITLE Change CELESTIN, LOULOUSE PASTOR NAME NAME 1001 NW 45TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition CELESTIN, JOSEPH B REV. NAME 1001 NW 45TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GABRIEL, ULRICK REV. NAME NAME 10701 NW 2ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33168 CITY-ST-ZIP ☐ Delete Addition BRUTUS, TONY NAME NAME 10701 NW 2ND COURT STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33168 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ 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.

London Colon J. Love Louse CERSTIN, Director. 4-29-05, 954-2744826

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED