

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90341 039 \*\*\*\*61.25

66014003



1st MOORE CR2E037 (10/05)

#52-2446671  
AP-PLIED FOR

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CELESTIN, LOULOUSE PASTOR  
1001 NW 45TH ST.  
MIAMI FL 33127

## 7. Name and Address of New Registered Agent

Name ULRICK GABRIEL

Street Address (P.O. Box Number is Not Acceptable)

10701 NW 2nd Ct

City MIAMI, FL

FL Zip Code 33168

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 Ulrick Gabriel

Signature of officer or director of registered agent and not applicable

(NOTE: Registered Agent signature required when changing office)

DATE 04/06/06

FILE NOW - FEE IS \$81.25  
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	CELESTIN, LOULOUSE PASTOR	
STREET ADDRESS	1001 NW 45TH ST.	
CITY - ST - ZIP	MIAMI FL 33127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CELESTIN, JOSEPH B REV.	
STREET ADDRESS	1001 NW 45TH ST.	
CITY - ST - ZIP	MIAMI-FL 33127	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GABRIEL, ULRICK REV.	
STREET ADDRESS	10701 NW 2ND COURT	
CITY - ST - ZIP	MIAMI SHORES FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRUTUS, TONY	
STREET ADDRESS	10701 NW 2ND COURT	
CITY - ST - ZIP	MIAMI SHORES FL 33168	
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	<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
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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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulrick Gabriel ULRICK GABRIEL

04/06/06

Daytime Phone #



ATTACHMENT

66014003  
#1004000011656

X

Date of this notice: 12-23-2004

Employer Identification Number:  
52-2446671

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:  
1-800-829-4933



CHURCH OF JESUS CHRIST OF HOLINESS  
% PASTOR LOULOUSE CELESTIN  
1001NW 45 ST  
MIAMI FL 33127

001405

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 52-2446671. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.