

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11879

1. Entity Name

FAITHFUL FEW HOLINESS CHURCH OF GOD, INC.

Principal Place of Business

2511 NW 14 STE.
FORT LAUDERDALE FL 33311

Mailing Address

1771 NW 25 TERR.
FT LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RIGGINS, CHARLIE, JR.
1771 NORTHWEST 25TH TERRACE
FORT LAUDERDALE FL 33311

4. FEI Number

59-2760699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RIGGINS, CHARLIE, JR.
STREET ADDRESS 1771 NW 25 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE VD
NAME RIGGINS, ROSA MAE
STREET ADDRESS 1771 NW 25TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE C
NAME AUSTIN, SARAH RUTH
STREET ADDRESS 1029 NW 12 ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE ST
NAME HARRIS, TERESA L.
STREET ADDRESS 5931 NW 15 STREET
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE T
NAME MURAY, BARBARA H
STREET ADDRESS 725 W. DANIA BCH. BLVD.
CITY-ST-ZIP DANIA FL 33004 ☐ Delete

TITLE T
NAME WILLIAMS, HERMAN JR
STREET ADDRESS 1030 NW 23 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

CHARLIE RIGGINS JR

1-8-01

954-739-8065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0000188

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90005 012 ****61.25



DO NOT WRITE IN THIS SPACE