

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90100 016 ****61.25

DOCUMENT # N11879

1. Entity Name

FAITHFUL FEW HOLINESS CHURCH OF GOD, INC.

Principal Place of Business

**2611 NW 14 STE.
PORT LAUDERDALE FL 33311**

Mailing Address

**1771 NW 25 TERR.
FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2760699

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Thomas, Barbara H.**
STREET ADDRESS **6601 Alabama Avenue**
CITY-ST-ZIP **Ft. Laud. FL 33313**

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

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** **FEB-12-02 954-739-8065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)