

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N13238**

1. Entity Name

UNITED PENTECOSTAL HOLINESS CHURCH OF CHRIST, IN

Principal Place of Business

C/O IRA MILLER
4383 NW 51ST COURT
COCONUT CREEK FL 33073

Mailing Address

C/O IRA MILLER
4383 NW 51ST COURT
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MILLER, IRA
4383 N.W. 51ST COURT
COCONUT CREEK FL 33073

4. FEI Number

59-2748541

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
MILLER, IRA
4383 N.W. 51ST COURT
COCONUT CREEK FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ROLLINS, WARREN
620 SW 11 STREET
DEERFIELD BEACH FL 33441 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ADAMS, RICKY S
2514 NW 2ND STREET
POMPANO BEACH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HUNT, DERRICK LAMAR
130 NE 30 COURT
POMPANO BEACH FL 33064 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
RILEY, SAMPSON E
363 NW 3 COURT
DEERFIELD BEACH FL 33441 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENNETT, OTIS JR
760 S.W. 50TH CT.
POMPANO BEACH FL 33064 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90309 009 *****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)

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