

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90024 048 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N29853**

1. Entity Name

**CHRIST IS LOVE CHURCH OF ALL FAITH, INC.**

Principal Place of Business

Mailing Address

**5861 N.W. 32 AVE.  
MIAMI FL 33142**

**5861 N.W. 32 AVE.  
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**HOWARD, WILLIS P EVANG.  
5861 N.W. 32 AVE.  
MIAMI FL 33142**

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 resigning)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
HOWARD, WILLIS P EVANG.  
5861 NW 32ND AVENUE  
MIAMI FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
HOWARD, MICHAEL BROTHER  
5861 NW 32ND AVENUE  
MIAMI FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TS  
HOWARD, CARLETTE SISTER  
5861 NW 32ND AVENUE  
MIAMI FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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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:

*Willis P. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Form **SS-4**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Attached  
Document  
# N29  
853

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>CHRIST IS LOVE CHURCH OF ALL FAITHS INC 1960</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>WILLIS P HOWARD SR.</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>5861 N.W. 32 AVE</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>miami, FL 33142</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Miami - OADE Florida</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>WILLIS P. HOWARD SR</b>	7b SSN, ITIN, or EIN
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input checked="" type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶	
	8b If a corporation, name the state or foreign country (if applicable) where incorporated State <b>FLA</b> Foreign country	
	9 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input checked="" type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
	10 Date business started or acquired (month, day, year) <b>Dec 22, 1988 Reinstated 10/17/02</b>	11 Closing month of accounting year <b>Dec 31, 2001</b>
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <b>N/A</b>		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>		
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>church functions (Religious)</b>		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Candy or dinner sale feeding hungry / clothes drive homeless</b>		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>CARLETTA HOWARD</b>	Designee's telephone number (include area code) <b>(305) 635 9917</b>
	Address and ZIP code <b>5861 N.W. 32 AVE miami FL 33142</b>	Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>(305) 754 0022</b>
Name and title (type or print clearly) ▶ <b>Willis P. Howard SR</b>		Applicant's fax number (include area code) ( )
Signature ▶ <b>Willis P Howard</b> Date ▶ <b>3/8/02</b>		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)