

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N30247

1. Corporation Name

GOD'S CALLING GOSPEL HOLINESS CHURCH INC
2261 NW. 58 ST.
MIAMI FL. 33142

1995 APR 26 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIE J. Jones 2261 NW. 58 ST.
MIAMI FL. 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **JAN. 19, 1989** 3a. Date of Last Report **MAR. 9, 1994**

4. FEI Number **65-0102704** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **G.C.G.H.C.I.**

26 **2261 NW. 58 ST.**

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIE J. JONES
2261 NW. 58 ST.
MIAMI FL. 33142

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Willie J. Jones

Sandra B. Northam

4-15-95

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

(NOTE: Registered Agent Signature Required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTDC**
NAME **JONES WILLIE J.**
STREET ADDRESS **JONES WILLIE J.**
CITY - ST - ZIP **2261 NW. 58 ST MIAMI FL. 33142**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VD**
NAME **JONES HELEN W.**
STREET ADDRESS **JONES HELEN W.**
CITY - ST - ZIP **2261 NW. 58 ST. MIAMI FL: 33142**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **MD**
NAME **BOWIE RUTHIE MAE**
STREET ADDRESS **BOWIE RUTHIE MAE**
CITY - ST - ZIP **1235 NW. 84TERR. MIAMI FL.**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **SD (GENERAL)**
NAME **CHESSON PAULA**
STREET ADDRESS **CHESSON PAULA**
CITY - ST - ZIP **20430 NW. 22 AVE. MIAMI FL.**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME **SD (EXECUTIVE**
53 STREET ADDRESS **Francois Brenda S.**
54 CITY - ST - ZIP **1603 NW. 31ST. MIAMI FL. 33142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME **S (PERSONAL)**
63 STREET ADDRESS **Jones Tineka C.**
64 CITY - ST - ZIP **2261 NW. 58ST MIAMI FL. 33142**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Northam

4-15-95

(305) 634-7655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number