

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0039873

**DOCUMENT # N30247**

1. Entity Name

**GOD'S CALLING GOSPEL HOLINESS CHURCH INC.**

04-06-2001 90025 029 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O W.J. JONES  
 2261 NW 58 STREET  
 MIAMI FL 33142

C/O W.J. JONES  
 2261 NW 58 STREET  
 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

**65-0102704**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, WILLIE JAMES**  
**2261 NW 58TH STREET**  
**MIAMI FL 33142**

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 **PTDC**  
 STREET ADDRESS **JONES, WILLIE JAMES**  
 CITY-ST-ZIP **2261 NW 58 STREET**  
**MIAMI FL 33142**

TITLE  Change  Addition  
 NAME **D Sylvester Sampson**  
 STREET ADDRESS **3935 N.W. 185th Street**  
 CITY-ST-ZIP **MIAMI FL 33055**

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

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **BILL RICE**  
 CITY-ST-ZIP **19730 SW 12 ST**  
**PEMBROKE PINES FL 33029**

TITLE  Delete  
 NAME **MD**  
 STREET ADDRESS **BOWIE, RUTHIE MAE**  
 CITY-ST-ZIP **1235 NW 84 TERRACE**  
**MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **COLE, AUDREY**  
 CITY-ST-ZIP **14961 BUCHANAN STREET**  
**MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **FRANCOIS, BRENDA S**  
 CITY-ST-ZIP **1603 N.W. 31ST**  
**MIAMI FL 33142**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **JONES, TINEKA C**  
 CITY-ST-ZIP **2261 N.W. 58 ST**  
**MIAMI FL 33142**

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: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01

305-634-7794

CR2E037 (10/00)