

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90277 041 ****70.00

0023343

DOCUMENT # N30247

1. Entity Name

GOD'S CALLING GOSPEL HOLINESS CHURCH INC.

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

TITLE: **D** Change Addition
 NAME: **Stirley Barry**
 STREET ADDRESS: **2210 N.W. 155 ST.**
 CITY-ST-ZIP: **ORLA LOCKA 33054**

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

TITLE: **S/D** Change Addition
 NAME: **FRANCOIS BRENDA**
 STREET ADDRESS: **556 N.E. 69 ST**
 CITY-ST-ZIP: **MIAMI FL 33138**

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

TITLE: **D** Change Addition
 NAME: **NORMA BOJISNOTE**
 STREET ADDRESS: **46 N.W. 71 STREET**
 CITY-ST-ZIP: **MIAMI FLORIDA 33150**

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

TITLE: **D** Change Addition
 NAME: **MARTINEZ (COLE) AUDREY**
 STREET ADDRESS: **6501 S.W. 58 AVE.**
 CITY-ST-ZIP: **MIAMI FL 33143**

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

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

TITLE: **S** Delete
 NAME: **JONES, TINEKA C**
 STREET ADDRESS: **2261 N.W. 58 ST**
 CITY-ST-ZIP: **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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

February 25, 2002 **305-634-715**
 Date Daytime Phone #

0023343