

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35880

1. Entity Name

CROWN OF GLORY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

3225 OLD DIXIE HIGHWAY
RIVIERA BEACH FL 33404

Mailing Address

3355 NW 213TH TERR
MIAMI FL 33056
US

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

65-0161901

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

SEYMOUR-CAMPBELL, RUBY
5042 PEMBROKE ROAD
HOLLYWOOD FL 33021

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	PD	<input type="checkbox"/> Delete
NAME	HARRIS, IRVIN	
STREET ADDRESS	3355 NW 213 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, AMOS	
STREET ADDRESS	3370 NW 213TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, RUTH	
STREET ADDRESS	3355 NW 213 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, DARWIN	
STREET ADDRESS	5600 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, DERRICK R	
STREET ADDRESS	2 FOX HOLLOW DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

(SIGNED AND REQUIRED)

5/11/01 3056240436

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90368 015 ****61.25

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DO NOT WRITE IN THIS SPACE

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