

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N42039**

1. Entity Name

**THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, IN**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90081 025 \*\*\*\*70.00

Principal Place of Business 22320 SW 114TH AVE GOULDS FL 33170	Mailing Address 22320 SW 114TH AVE GOULDS FL 33170-4746
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DO NOT WRITE IN THIS SPACE

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 <b>65-0248664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WALTON, CORNELIA**  
**22320 SW 114TH AVE**  
**GOULDS FL 33170**

7. Name and Address of New Registered Agent

Name **Johnny R. WALTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**22320 S.W. 114th ave.**  
 City **Miami** FL Zip Code **33170**

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 *Johnny R. Walton - Registered Agent* DATE *2-8-2000*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<p><b>PD</b> <input checked="" type="checkbox"/> Delete  <b>WALTON, CHARLIE BISHOP</b>  <b>22320 SW 114TH AVE</b>  <b>GOULDS FL</b></p> <p><b>SD</b> <input checked="" type="checkbox"/> Delete  <b>MCCARTNEY, EDNA</b>  <b>11790 SW 213 ST</b>  <b>MIAMI FL</b></p> <p><b>TD</b> <input type="checkbox"/> Delete  <b>WALTON, CORNELIA</b>  <b>22320 SW 114TH AVE</b>  <b>GOULDS FL</b></p> <p><b>D</b> <input type="checkbox"/> Delete  <b>SMITH, JOE LEE</b>  <b>750 NW 114 ST</b>  <b>FLORIDA CITY FL</b></p> <p><b>D</b> <input checked="" type="checkbox"/> Delete  <b>SPRATT, MARIE</b>  <b>SW 103RD AVE</b>  <b>MIAMI FL</b></p> <p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Cornelia Walton</b> <b>Miami, Fla. 33170</b>  <b>CORNELIA WALTON/22320 S.W. 114th ave.</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Evony Pearis mad Baker</b>  <b>14980 Bonfield Drive</b>  <b>Leisure City, Fla 33033</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Johnny R. WALTON</b>  <b>22320 S.W. 114th ave.</b>  <b>GoULds, Fla. 33170</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Ruby Walton</b>  <b>11420 S.W. 224 St</b>  <b>GoULds, Fla. 33170</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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** *Cornelia Walton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pastor** Date *2-8-2000* Daytime Phone # *305-233-2016*