

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90049 039 ****61.25

DOCUMENT # N42039

1. Entity Name

THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, IN

Principal Place of Business

Mailing Address

22320 SW 114TH AVE
 GOULDS FL 33170

22320 SW 114TH AVE
 GOULDS FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0248664

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALTON, JOHNNY R
22320 SW 114TH AVE
GOULDS FL 33170

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WALTON, CORNELIA	22320 SW 114TH AVE	MIAMI FL 33170				
SD	PEARIE MAD BALTER, EVONG	14980 GARFIELD DRIVE	LEISURE CITY FL 33033		BETTY MC CROW	251 NE 10th ST. #209	HOMESTEAD FL 33030
TD	WALTON, JOHNNY	22320 SW 114TH AVE	GOULDS FL 33170				
D	SMITH, JOE LEE	750 NW 114 ST	FLORIDA CITY FL				
D	WALTON, RUBBY	11420 SW 224 ST	GOULDS FL 33170				
					CHARLIE WALTON JR	22320 SW 114 AVE	MIAMI FL 33170

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 Feb 14 - 2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)