

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91351 007 ****66.25

DOCUMENT # N42728

1. Entity Name

GOULDS TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

**12005 SW 213TH TERRACE
 GOULDS FL 33170**

Mailing Address

**9880 PALMETTO CLUB DRIVE
 MIAMI FL 33157**

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

65-0299323

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

**HARRIS, EMANUEL JR., DR
 9880 PALMETTO CLUB DRIVE
 MIAMI FL 33157**

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 **PD** ☐ Delete
 NAME **HARRIS, EMANUEL JR., DR.**
 STREET ADDRESS **9880 PALMETTO CLUB DR.**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **SD** ☐ Delete
 NAME **KNIGHT, ERNESTINE**
 STREET ADDRESS **14204 S.W. 109 PLACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Change ☐ Addition
 NAME **KNIGHT ERNESTINE**
 STREET ADDRESS **14555 105 COURT**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Delete
 NAME **PARRISH, EDWARD**
 STREET ADDRESS **12010 S.W. 213 TERRACE**
 CITY-ST-ZIP **GOULDS FL 33157**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN McNEIL**
 STREET ADDRESS **27237 SW 121st**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE **D** ☒ Delete
 NAME **WAY, THOMAS E**
 STREET ADDRESS **12820 SW 187TH STREET**
 CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *DR. Emanuel Harris Jr* **DR. EMANUEL HARRIS JR 5/11/01 365 251-0688**

CR2E037 (10/00)