

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90359 012 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE **VPO**
NAME **CARL STRINGER**
STREET ADDRESS **18600 SW 128 CT.**
CITY-ST-ZIP **MIAMI FL 33177**

☐ Change

☒ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **MCNEIL, JOHN**
STREET ADDRESS **27237 SW 121 CT**
CITY-ST-ZIP **MIAMI FL 33032**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

1/08/03

CR2E037 (10/02)