2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N46194

Entity Name: NATIONWIDE HOLINESS CHURCH OF BROTHERLY LOVE INC.

Current Principal Place of Business:

2260 NW 117TH ST
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

2260 NW 117TH ST
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0305535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, REV. JOHN
2260 NW 17TH AVENUE
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILSON, JOHN REV	
Address:	2260 NW 117TH STREET	
City-St-Zip:	MIAMI, FL 33167	
Title:	SD	( ) Delete
Name:	WILSON, MAMIE,	
Address:	11434 NW 22ND AVE.	
City-St-Zip:	MIAMI, FL 33168 US	
Title:	TD	( ) Delete
Name:	WORTHAM, WALTER,	
Address:	11434 NW 22ND AVE.	
City-St-Zip:	MIAMI, FL 33168 US	
Title:	VPD	( ) Delete
Name:	WILSON, YVONNE,	
Address:	11402 NW 22ND AVENUE	
City-St-Zip:	MIAMI, FL 33168 US	
Title:	VPD	( ) Delete
Name:	WILSON, MAMIE	
Address:	9009 NW 21ST AVE	
City-St-Zip:	MIAMI, FL 33147	
Title:	TRD	( ) Delete
Name:	WILSON, MAMIE	
Address:	9009 NW 21ST AVE	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JOHN WILSON PRES 03/25/2009

Electronic Signature of Signing Officer or Director — Date