

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90035 037 \*\*\*\*70.00

0029063

**DOCUMENT # N46758**

1. Entity Name

**HOLY MISSION FULL GOSPEL CHURCH OF GOD IN CHRIST  
 , INC.**

Principal Place of Business

Mailing Address

**2025 NW 24TH AVE.  
 FT LAUDERDALE FL 33311**

**2025 NW 24TH AVE.  
 FT LAUDERDALE FL 33311**

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

**65-0303145**

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

**RIVERS, AGNES  
 3013 NW 6TH ST  
 FT LAUDERDALE FL 33311**

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 **RIVERS, AGNES**  
 STREET ADDRESS **2410 NW 137 TER**  
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **VD** ☐ Delete  
 NAME **WASHINGTON, DAVID**  
 STREET ADDRESS **1312 NW 15TH CT**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

TITLE **SD** ☐ Delete  
 NAME **HARRIS, MARGIE**  
 STREET ADDRESS **1649 NW 13TH STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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

TITLE **TT** ☐ Delete  
 NAME **GRAHAM, BETTY**  
 STREET ADDRESS **2255 MCCLELLAN**  
 CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **CT** ☐ Delete  
 NAME **RIVERS, WILLIE**  
 STREET ADDRESS **2410 NW 137 TERR**  
 CITY-ST-ZIP **SUNRISE FL 33323**

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:

*Agnes Rivers* **Agnes Rivers, Pastor** **3/1/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/01)

425687

0. \*

geling fees 61.25 +  
cert copy - 8.75 +  
10.00

\$70.00 to State of Fla

Don't forget to put photo in  
envelope (Brown)

Makes Copies of every thing  
~~Makes Copies and put the copy in~~  
~~Brown envelope.~~

425687

\$70.00 to State of Ma

0. \*

printing fees 61.25 +  
cert copy - 8.75 +  
10.00 \*