

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50855

1. Entity Name

JESUS OF NAZARETH HOLINESS CHURCH, FOR ALL NATIONS, *INC.*

Principal Place of Business

16923 NORTHWEST 57TH AVENUE
MIAMI FL

Mailing Address

4831 N.W. 177TH STREET
MIAMI FL 33055-3645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0395501

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

KNOX, GEORGE F.
2601 S. BAYSHORE DR.
STE. 1600
MIAMI FL 33133

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 ☐ Delete

NAME
PDM
MEARS, EARTHALEEN G.
STREET ADDRESS
16923 N.W. 57TH AVENUE
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete

NAME
DTR
MEARS, WILLIAM O.
STREET ADDRESS
16923 N.W. 57TH AVENUE
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
DS
WILSON, GAILE
STREET ADDRESS
16923 N.W. 57TH AVE.
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete

NAME
DT
ANDERSON, HERMAN T
STREET ADDRESS
16923 N.W. 57TH AVENUE
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
DTR
JOHNSON, ROSE R
STREET ADDRESS
16923 N.W. 57TH AVE.
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
DTRV
COPPER, JOSLYN
STREET ADDRESS
16923 N.W. 57TH AVE.
CITY-ST-ZIP
MIAMI FL 33055

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 305-628-2200