

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000531

1. Entity Name

GREAT REUNION DELIVERANCE HOLINESS CHURCH, INC.

Principal Place of Business

1140 NW 127 ST  
MIAMI FL 33168  
US

Mailing Address

1140 NW 127TH ST  
MIAMI FL 33168  
US

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

65-0527578

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUDSON, NORMA J. E  
14520 N.E. 4TH AVENUE  
MIAMI FL

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 \$81.25

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  
NAME STINSON, V. E  
STREET ADDRESS 1140 NW 127 ST.  
CITY-STATE-ZIP MIAMI FL 33168 ☐ Delete

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

TITLE S  
NAME SCOTT, PAULINE S.  
STREET ADDRESS 17925 NW 25TH COURT  
CITY-STATE-ZIP MIAMI FL 33056 ☒ Delete

TITLE Secretary  
NAME Henry Charles  
STREET ADDRESS 215 S. BISC. RIVER DR.  
CITY-STATE-ZIP MIAMI, FL 33169 ☐ Change ☒ Addition

TITLE D  
NAME HENRY, JIMMY  
STREET ADDRESS 758 NW 108TH STREET  
CITY-STATE-ZIP MIAMI FL ☐ Delete

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

TITLE V  
NAME WHITTAKER, GERALDINE B  
STREET ADDRESS 13580 NW 4TH PLACE  
CITY-STATE-ZIP MIAMI FL ☒ Delete

TITLE VICE PRESIDENT  
NAME STINSON, S. X.  
STREET ADDRESS 1140 NW 127 ST.  
CITY-STATE-ZIP MIAMI, FL 33168 ☐ Change ☒ Addition

TITLE FS  
NAME BLACKSHEAR, BUNIA MAE  
STREET ADDRESS 1065 NW 114TH ST  
CITY-STATE-ZIP MIAMI FL ☐ Delete

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

TITLE D  
NAME WHITTAKER, RAYMOND J.  
STREET ADDRESS 13580 NW 4TH PL.  
CITY-STATE-ZIP MIAMI FL ☒ Delete

TITLE YOUTH DIRECTOR-D  
NAME Charles, Shirley  
STREET ADDRESS 215 S. BISC. RIVER DR.  
CITY-STATE-ZIP MIAMI, FL 33169 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

(305) 931-5726

Daytime Phone #

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-28-2002 91716 038 \*\*\*\*66.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)