

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90049 022 ****66.25

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 11345 NW 17th AV
MIAMI FL 33168 MIAMI, FL 33167
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

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

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
Due By May 1, 2005

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

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

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

TITLE V
NAME STINSON, S.X. ☐ Delete
STREET ADDRESS 1140 NW 127 ST
CITY-ST-ZIP MIAMI FL 33168

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 Feb 05 (305) 931-5726
Date Daytime Phone #