## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N94000001294** CHURCH OF GOD OF HOLINESS, INDEPENDENT INC



**FILED** Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

1520 NW 95TH ST

MIAMI, FL 33147

Mailing Address

**2812 WILEY ST** 

HOLLYWOOD, FL 33020

US



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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0570258 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JEAN C **2812 WILEY ST** HOLLYWOOD, FL 33020

## DO NOT WRITE IN THIS SPACE

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 against and title if applicable. (NOTE: Registered	Agent signature required when reinstating)	04-09-08 DATE			
	Filing Fee Is \$61.25  Due by May 1, 2008  9. Election Campaign Finance Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000898252 04/25/08-00080-020-70.00			
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS DE LA COMPANION DE LA C		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAMEDI, ANTOINE 320 NW 84TH ST MIAMI, FL 33138					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DS JOSEPH, JEANNE A 2812 WILEY ST HOLLYWOOD, FL 33020	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, MARIE Y 16600 NE 6TH AVE MIAMI, FL 33167	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	·	·	,			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						