## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9400006034

1. Entity Name

## GREATER SAINT MATTHEW HOLINESS CHURCH, INC.

Principal Pla	ce of Busines	§	Mailir	g Address								
1238 NW 9TH AVE FLORIDA CITY FL 33034			1238 NW 9TH AVE FLORIDA CITY FL 33034									
2. Principal	Place of Busin	ace of Business #, etc.		iling Address								
Suite, Apt. #, etc.		St	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			Ci	City & State			4. FEI Númber 65-0488798				pplied For	
Zip Country Z			Ziį	Zip Cou		У	5. Certificate o	5. Certificate of Status Desired		\$8.75 Ad	Not Applicable  8.75 Additional se Required	
	6. Name and Address of Current Reg			ed Agent		-	7 Name and A	ddress of New R	enletored	•		
						Name	3. Name and A	tadiess of New F	registered /	Agent		
FRANCIS, LEON 100 N.E. 15TH ST #204				Street Addres		ss (P.O. Box Number	is Not Acceptable	e)				
	AD FL 3303					Oit.						
					'	City			FL	Zip Cod	е	
SIGNATURE		or printed name of registered age	ent and title if app	olicable. (NOTE:	: Registered Ag	ent signature requ	uired when reinstating)		DATE			
						9. Election Campaign Financing  Trust Fund Contribution.						
	FILE NOW	FEE IS \$61.25					\$5.00-May:Be Added to Fees			cPayable nt of State		
	FILE NOW	·	DIRECTORS		ontribution.		Added to Fees		epartme	nt of State	•	
TITLE NAME	VD ADDERLY, 15001 S.W	OFFICERS AND D	DIRECTORS		11. TITLE NAME STREET A	DODRESS DODRESS			epartme	nt of State	•	
TITLE NAME STRIJET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	VD ADDERLY, 15001 S.W LEISURE C PD HARRIS, RI 18885 S.W	OFFICERS AND D CHERRIE . 296 ST ITY FL 33033 ON . 296 ST	DIRECTORS	Trust Fund Co	11. IIILE NAME STREET AI CITY-SI- TITLE NAME STREET AI	DORESS ZIP	Added to Fees		epartme	nt of State	1 10	
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TITLE NAME STPLET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME TREET ADDRESS CHY-ST-ZIP TITLE NAME TREET ADDRESS	VD ADDERLY, 15001 S.W LEISURE C PD HARRIS, R 18885 S.W HOMESTE/ T LUTON, CH 735 NW 9	OFFICERS AND E CHERRIE . 296 ST ITY FL 33033 ON . 296 ST AD FL 33030 IRISTINE AVE	DIRECTORS	Trust Fund Co	IT.  IITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST-	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP	Added to Fees		epartme	RECTORS IN Change  Change  Change	Addition  Addition  Addition	

SIGNATURE:

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. 2/10/02 (305) 7456505 Date Dayline Phone #

**FILED** 

Jul 09, 2002 8:00 am Secretary of State 07-09-2002 90022 010 \*\*\*\*61.25