

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003535

FILED
Jan 24, 2009
Secretary of State

Entity Name: MOUNT CLAIRE HOLINESS CHURCH OF MIAMI, INC.

Current Principal Place of Business:

7975 N.W. 22ND AVE.
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

4925 NW 12TH AVE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0601302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, VERNITA
9970 NW 51 LN
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, WILLIE E
Address: 4925 NW 12TH AVE
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: ROBINSON, ISABELL
Address: 4925 NW 12TH AVE
City-St-Zip: MIAMI, FL 33127

Title: VPD () Delete
Name: WRIGHT, GRACIE
Address: 1440 N.W. 55 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: THOMAS, LOGIA
Address: 1730 NW 58TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CARSON, MILTON
Address: 1590 NW 57TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: PEARSON, RONALD
Address: 2952 N.W. 70TH TERR
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE ROBINSON

Electronic Signature of Signing Officer or Director

MR.

01/24/2009

Date