

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003535

FILED  
Apr 19, 2010  
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 (X)**

**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  
Name: ROBINSON, WILLIE E  
Address: 4925 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33127

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

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

Title: TD  
Name: BOYD, GREGORY  
Address: 1370 N.W. 52ND STREET  
City-St-Zip: MIAMI, FL 33142

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIE E ROBINSON

PD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date