

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001068

1. Entity Name

HIS PEOPLE CHRISTIAN CHURCH, INC.

Principal Place of Business

P.O. BOX 800554  
AVENTURA FL 33280-0554

Mailing Address

P.O. BOX 800554  
AVENTURA FL 33280-0554

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0771127

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILES, DOUG  
19501 E COUNTRY CLUB DR  
PH#1  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name DOUG GILES

Street Address (P.O. Box Number is Not Acceptable)

20941 Bay Ct. #126

City Aventura

FL

Zip Code 33180

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GILES, DOUG  
STREET ADDRESS 20941 BAY CT., #126  
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE VSD  
NAME GILES, MARY MARGARET  
STREET ADDRESS 20941 BAY CT., #126  
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE TD  
NAME PHILLIPS, PENNY  
STREET ADDRESS 226 ANTIQUERA AVE. #1  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED

4.1.01

FILED  
Jun 19, 2001 8:00 am  
Secretary of State

06-19-2001 90437 047 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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