

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90158 019 ****61.25

0079623

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILES, DOUG
20941 BAY CT # 126
AVENTURA FL 33180

Name

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

21376 MARINA COVE CIRC. C-17

City

Aventura

FL

Zip

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.25.03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **21376 Marina Cove Circ. C-17**
STREET ADDRESS **Aventura, FL. 33180**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **21376 MARINA COVE CIRC. C-17**
STREET ADDRESS **Aventura, FL. 33180**
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SCOTT E. S. REQUIRED

CR2E037 (10/02)