

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002796

1. Entity Name

MACEDONIA HOLINESS CHURCH, INC.

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-01-2001 90082 050 ****70.00

Principal Place of Business

2634 NW 62 ST
MIAMI FL 33147
US

Mailing Address

JESSE M WILLIAMS
1892 N W 83 TERR
MIAMI FL 33147
US

2. Principal Place of Business

2634 N.W. 62 ST

3. Mailing Address

1892 N.W. 83 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33147

Country

U.S.

Zip

33147

Country

U.S.

4. FEI Number

23-0845927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JESSIE MAE
1892 NW 83 TERR.
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name

JERRY L. COLLINS

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

1892 N.W. 83 TERR

City

Miami

FL

Zip Code

33147

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
After September 12, 2001, min. will be \$236.25

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	WILLIAMS, JESSE MAE	<input checked="" type="checkbox"/> Delete
NAME		1892 NW 83 TERR.	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE	TD	WILLIAMS, NORMAN	<input type="checkbox"/> Delete
NAME		1892 NW 83 TERR.	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE	TD	ANDREWS, MILTON	<input type="checkbox"/> Delete
NAME		1753 NW 81 TERR	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY L. COLLINS	
STREET ADDRESS	1892 N.W. 83 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN WILLIAMS	
STREET ADDRESS	1892 N.W. 83 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON ANDREWS	
STREET ADDRESS	1753 N.W. 81 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCILLE ANDREWS	
STREET ADDRESS	1753 N.W. 81 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA HITCHENS	
STREET ADDRESS	12320 N.W. 22 CT	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] REQUIRED 01-08-2001

305-259-0442

CR2E037 (5/01)