

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003162

1. Entity Name

HIGHWAY TEMPLE CHURCH OF HOLINESS INCORPORATED

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90014 004 ****66.25

Principal Place of Business 7020 NW 2 AVE STOVE FRONT BUILDING MIAMI FL 33150	Mailing Address 11247 SW 167 ST HOUSE MIAMI FL 33157-2713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0720853	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KEMP, DEXTER A
11247 SW 167 ST
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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	D <input type="checkbox"/> Delete
NAME	KEMP, DEXTER A
STREET ADDRESS	11247 SW 167 ST
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	KEMP, ANNAMEA V
STREET ADDRESS	11247 SW 167 ST
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	RUSSELL, KELLY
STREET ADDRESS	21000 N MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	S <input type="checkbox"/> Delete
NAME	EDWARDS, SAMANTHA M
STREET ADDRESS	2021 NW 64 ST, BLD 19, APT 201
CITY-ST-ZIP	MIAMI FL 33147
TITLE	YM <input type="checkbox"/> Delete
NAME	KEMP, LORICK K
STREET ADDRESS	17340 NW 27 AVE
CITY-ST-ZIP	MIAMI FL 33056
TITLE	T <input type="checkbox"/> Delete
NAME	KEMP, VERILY
STREET ADDRESS	11247 SW 167 ST
CITY-ST-ZIP	MIAMI FL 33157

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Dexter A. Kemp **Dexter A. Kemp** **2-28-00** **305-271-1213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)