

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90020 029 *****70.00

DOCUMENT # N96000003974

1. Entity Name

GLORIOUS HOLINESS CHURCH OF GOD, INCORPORATED

Principal Place of Business

**1014 NORTH "E" ST.
PENSACOLA FL 32501
US**

Mailing Address

**P.O. BOX 9523
PENSACOLA FL 32513
US**

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

59-3152486

☒ 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TARVER, CHINA
2803 MATTHEW ST
PENSACOLA FL 32505

ANNIE W. CAUSEY
3400 W. BOBE ST.
PENSACOLA FL

CAROL J. BRUNDIDGE
3514 N. GRANDVIEW ST.
PENSACOLA FL

ALONZO WIGGINS
2608 W. SCOTT ST.
PENSACOLA FL

MARY TRAVIS
1603 N. 6TH AVE.
PENSACOLA FL

ALONZO Wiggins
2608 WEST SCOTT ST.
PENSACOLA, FL 32505
DIRECTOR

CARRIE DUEZFY
117 SOUTH "B" ST.
PENSACOLA, FL 32501
TRUSTEE

MARY TRAVIS
1603 N. 6TH AVE
PENSACOLA, FL 32501
DIRECTOR

CLARTIS HOIT
1110 N. "K" ST
PENSACOLA, FL 32501
TRUSTEE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6301-850 4340381

CR2E037 (10/00)