

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005849

1. Entity Name

CHURCH OF GOD HOLINESS UNTO THE LORD, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90074 023 ****61.25

Principal Place of Business

Mailing Address

2206 FUNSTON STREET
HOLLYWOOD FL 33020

2206 FUNSTON STREET
HOLLYWOOD FL 33020-5951

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
65-0711735

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

HARRIS, MURL
2211 RODMAN STREET
HOLLYWOOD FL 33020

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANCIS, ALBERT E
2206 FUNSTON STREET
HOLLYWOOD FL 33020 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ACEVEDO, FELIX
2206 FUNSTON STREET
HOLLYWOOD FL 33020 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALES, JOSE
1615 SOUTH 14TH AVE #2
HOLLYWOOD FL 33020 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Albert E. Francis 1/16/2000- 922-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #