

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91413 043 ****70.00

DOCUMENT # N97000002290

1. Entity Name
CHURCH OF GOD PILGRIM OF FAITH, INC.



Principal Place of Business
**12955 N.E. 14TH AVE.
MIAMI FL 33161**

Mailing Address
**12955 N.E. 14TH AVE.
MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0753998**

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

**RAYMOND, EMMANUEL REV.
7870 TAFT STREET
PEMBROKE PINES FL 33024**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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 NAME ☐ Delete
CHERISMA, MICHAELIE
STREET ADDRESS **11940 N.W. 19 AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE NAME ☐ Delete
PIERRE, JEANNE MARIE
STREET ADDRESS **300 N.W. 135 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE NAME ☐ Delete
GEORGES, LAURA
STREET ADDRESS **1830 N.E. 179 STREET**
CITY-ST-ZIP **MIAMI FL 33162**

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

TITLE NAME ☐ Delete
CHARITABLE, KELLY
STREET ADDRESS **411 N.W. 104 TERRACE**
CITY-ST-ZIP **MIAMI FL 33162**

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

TITLE NAME ☐ Delete
RAYMOND, MADELEINE
STREET ADDRESS **12955 N.E. 14 AVENUE**
CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE NAME ☐ Delete
VIEUX, GUERDA D
STREET ADDRESS **1405 N.E. 140 STREET**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE NAME ☐ Change ☐ Addition
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
Emmanuel Raymond 4/22/03 (305) 879-8683

CR2E037 (10/02)