

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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90137 044 \*\*\*\*61.25

**DOCUMENT # N97000003303**

1. Entity Name

**GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.**



Principal Place of Business

**1346 MALABAR ROAD SE  
UNIT A  
PALM BAY FL 32907**

Mailing Address

**1346 MALABAR ROAD SE  
UNIT A  
PALM BAY FL 32907**

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 **59-3459115**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BORLAND, PAULINE REV  
1346 MALABAR ROAD SOUTHEAST  
UNIT A  
PALM BAY FL**

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. 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

**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

TITLE: **S/D** ☐ Delete  
NAME: **LESLIE, PANSY MRS**  
STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**  
CITY-ST-ZIP: **PALM BAY FL 32907**

TITLE: **T/D** ☐ Delete  
NAME: **SAMUELS, KINGSLEY**  
STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**  
CITY-ST-ZIP: **PALM BAY FL 32907**

TITLE: **P/D** ☐ Delete  
NAME: **BORLAND, PAULINE REV**  
STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**  
CITY-ST-ZIP: **PALM BAY FL 32907**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **Fletcher, PANSY MS.** ☐ Change ☐ Addition  
NAME: **1346 Malabar Rd. S.E. Unit A**  
STREET ADDRESS: **Palm Bay, FL 32907**  
CITY-ST-ZIP:

TITLE: **T/D** ☐ Change ☐ Addition  
NAME: **Thomas, Donald**  
STREET ADDRESS: **1346 Malabar Rd. S.E. P.B. Rd 32907**  
CITY-ST-ZIP:

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

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

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

TITLE: ☐ Change ☐ 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 an other like empowered.

SIGNATURE: *[Signature]*

**5/19/03**

CR2E037 (10/02)