

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003884

1. Entity Name

GERTRUDE HALLIE DAVIS MEMORIAL PENTECOSTAL CHURCH, INC.

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90011 028 ****61.25

Principal Place of Business

Mailing Address

% M. MAGDALENA DAVIS
945 SW THIRD AVE #14
MIAMI FL 33130

%M MAGDALENA DAVIS
945 SW THIRD AVE. #14
MIAMI FL 33130

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

31-1564892

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

DAVIS, MARY MAGDALENA
945 SW 3 AVE
#14
MIAMI FL 33130

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 FPT ☐ Delete
NAME DAVIS, MARY MAGDALENA
STREET ADDRESS 945 SW 3 AVE, #14
CITY-ST-ZIP MIAMI FL 33130

TITLE TD ☒ Change ☐ Addition
NAME Jones, Miriam E
STREET ADDRESS 2200 Nw 54 St-Miami, FL
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME COSTA, SALOME J
STREET ADDRESS 3475 ROYAL PALM AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE TD ☒ Delete
NAME JONES, MIRIAM E
STREET ADDRESS 2200 NW 54 ST SUITE 910
CITY-ST-ZIP MIAMI FL

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

TITLE DT ☐ Delete
NAME LARKIN, DOT
STREET ADDRESS 1000 LINCOLN RD MALL #240
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE: M. Magdalena Davis: M. Magdalena Davis: 3/13/02 (786) 385-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)