

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004762

1. Entity Name

FIRST GOSPEL PENTECOSTAL CHURCH, INC.

Principal Place of Business

5519 NW 4 AVE  
MIAMI FL 33127

Mailing Address

PO BOX 370133  
MIAMI FL 33137-0133

2. Principal Place of Business

7955 NW 13th

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0776061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, MELVA G  
5519 NW 4 AVE  
MIAMI FL 33127

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 *Pastor Melva G. Hamilton*

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

*Melva G. Hamilton*

(NOTE: Registered Agent signature required when reinstating)

4/9/00

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

TITLE PD  
NAME HAMILTON, MELVA G  
STREET ADDRESS 5519 NW 4 AVE  
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE SD  
NAME BROWN, SHIRLEY  
STREET ADDRESS 1175 N.E. 80TH STREET, APT. 3  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE TD  
NAME SMITH, BESSIE  
STREET ADDRESS 2430 NW 94 ST  
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE D  
NAME HUNT, ROBERT  
STREET ADDRESS 800 N.W. 13 AVENUE APT. 803  
CITY-ST-ZIP MIAMI FL 33123 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Pastor Melva G. Hamilton*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-751-0961



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)