

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90064 012 ****61.25

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1. Entity Name

FIRST GOSPEL PENTECOSTAL CHURCH, INC.

Principal Place of Business

7955 NW 13 COURT
MIAMI FL 33147

Mailing Address

PO BOX 370133
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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)

1005 NW 58th Terrace

City

Miami

FL

Zip Code

33127

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

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

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

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

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

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 1005 NW 58 Terr
CITY-ST-ZIP Miami, FL 33127

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

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

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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:

Melva G. Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 305-751-0961

Date

Daytime Phone #

CR2E037 (10/00)