


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 030 ****61.25

DOCUMENT # N98000006481 1. Entity Name HOLINESS CHURCH IN CHRIST, INC.			
Principal Place of Business 12141 SW 185 ST HOME CHURCH MIAMI FL 33177		Mailing Address 12141 SW 185 ST HOME CHURCH MIAMI FL 33177	
2. Principal Place of Business <i>HOLINESS Church in Christ INC.</i> Suite, Apt. #, etc. 12141 SW 185 ST		3. Mailing Address Suite, Apt. #, etc. 12141 SW 185 ST	
City & State MIAMI FLA		City & State MIAMI FLA	
Zip 33177		Country DADE	
4. FEI Number 65-0877582		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, REV. BEN JR. 12141 SW 185 ST MIAMI FL 33177		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	PD JORDAN, BEN JR. 12141 SOUTHWEST 185TH STREET SOUTH MIAMI HEIGHTS FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, JOYCE G 12141 SOUTHWEST 185TH STREET SOUTH MIAMI HEIGHTS FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, ANDREW 12141 SOUTHWEST 185TH STREET SOUTH MIAMI HEIGHTS FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Rev Ben Jordan Jr.</u> <u>Rev. Ben Jordan Jr.</u> 4-28-04 3052541726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			