

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

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90016 019 \*\*\*\*70.00

**DOCUMENT # N99000002632**

1. Entity Name

JESUS EMMANUEL HOLINESS CHURCH, INC.



Principal Place of Business

10412 SW 190 ST, BAY 36  
MIAMI FL 33157

Mailing Address

22062 SW 126 AVE  
MIAMI FL 33170

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

65-0916707

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

BERNARD, ANTHONY  
9033 SW 152 ST  
MIAMI FL 33157

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**  
**Due By May 1, 2004**

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  
NAME DOUGLAS, OZELL ☐ Delete  
STREET ADDRESS 10431 SW 184TH ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE  
NAME DOUGLAS, SARAH ☐ Delete  
STREET ADDRESS 10431 SW 184TH ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE  
NAME ANDREWS, MAE ☐ Delete  
STREET ADDRESS 10725 SW 146 TERR  
CITY-ST-ZIP MIAMI FL 33176

TITLE  
NAME BROWN, ALBERTA ☐ Delete  
STREET ADDRESS 19460 BELLVIEW DRIVE  
CITY-ST-ZIP MIAMI FL 33157

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME DOUGLAS, OZELL ☒ Change ☐ Addition  
STREET ADDRESS 22062 SW 126 AVE  
CITY-ST-ZIP MIAMI, FLA. 33170

TITLE  
NAME DOUGLAS, SARAH ☒ Change ☐ Addition  
STREET ADDRESS 22062 SW 126 AVE  
CITY-ST-ZIP MIAMI, FLA. 33170

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #