

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90112 033 \*\*\*\*70.00

DOCUMENT # N99000006317

1. Entity Name

EKKLESIA OF GOD, INC.

Principal Place of Business

Mailing Address

16600 S.W. 102 AVENUE  
 MIAMI FL 33157

16600 S.W. 102 AVENUE  
 MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUTCHINSON, ELIZABETH  
 16600 S.W. 102 AVENUE  
 MIAMI FL 33157

Name

Hall, MAURICE

Street Address (P.O. Box Number is Not Acceptable)

15800 SW 102nd PLACE

City

Miami

FL

Zip Code

33157

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

*Maurice Hall*

T

4-29-02

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	PD	<input type="checkbox"/> Delete
NAME	COX, ROBERT C	
STREET ADDRESS	16600 S.W. 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMBER, TERRY	
STREET ADDRESS	20711 S.W. 121 COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ISNARD, BRUNO	
STREET ADDRESS	15721 S.W. 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, MARGARET	
STREET ADDRESS	16600 S.W. 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, CAROL PIERRE	
STREET ADDRESS	12250 S.W. 191 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERKIN, SHARON A	
STREET ADDRESS	800 N.E. 12TH AVENUE, #J250	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISCONSIN GORE	
STREET ADDRESS	10200 SW 168 Street	
CITY-ST-ZIP	Miami FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODEN, DELROY	
STREET ADDRESS	20351 S.W. 117 Ct	
CITY-ST-ZIP	Miami FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamilton, Yvette	
STREET ADDRESS	16243 S.W. 99 PLACE	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

*Robert C. Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

(305)253-8127