

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90139 043 ****61.25

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DOCUMENT # N97000003303

1. Entity Name

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.

Principal Place of Business

**1346 MALABAR ROAD SE
 UNIT A
 PALM BAY FL 32907**

Mailing Address

**1346 MALABAR ROAD SE
 UNIT A
 PALM BAY FL 32907**

311100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3459115

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

**BORLAND, PAULINE REV
 1346 MALABAR ROAD SOUTHEAST
 UNIT A
 PALM BAY FL**

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

Rev. Pauline Borland

2/10/01

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: S/D Delete
 NAME: **LESLIE, PANSY MRS**
 STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**
 CITY-ST-ZIP: **PALM BAY FL 32907**

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

TITLE: T/D Delete
 NAME: **SAMUELS, KINGSLEY**
 STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**
 CITY-ST-ZIP: **PALM BAY FL 32907**

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

TITLE: P/D Delete
 NAME: **BORLAND, PAULINE REV**
 STREET ADDRESS: **1346 MALABAR ROAD SE, UNIT A**
 CITY-ST-ZIP: **PALM BAY FL 32907**

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

TITLE: Delete
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TITLE: Change Addition
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 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:

Pansy Leslie
NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

Daytime Phone #

CR2E037 (10/00)