2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30247

Entity Name: GOD'S CALLING GOSPEL HOLINESS CHURCH INC.

Current Principal Place of Business:

C/O W.J. JONES 2261 NW 58 STREET MIAMI, FL 33142

Current Mailing Address:

C/O W.J. JONES 2261 NW 58 STREET MIAMI, FL 33142

FEI Number: 65-0102704

Name and Address of Current Registered Agent:

JONES, WILLIE JAMES 2261 NW 58TH STREET MIAMI, FL 33142 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PTDC	Title	VD
Name	JONES, TINEKA, CCOCO	Name	JONES, HELEN W.
Address	2261 NW 58 STREET	Address	2261 NW 58 STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
Title	SD	Title	D
Name	JONES, EBONIE	Name	BARON, SONJA
Address	1235 NW 84 TERRACE	Address	4699 NW 27TH AVE
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL 33142
Title	D	Title	D
Title Name	D FINNIE,, LAURIE	Title Name	D JONES, MICHEAL
Name	FINNIE,, LAURIE	Name	JONES, MICHEAL 4699 NW 27 AVE
Name Address	FINNIE,, LAURIE 4699 NW 27TH AVE	Name Address	JONES, MICHEAL 4699 NW 27 AVE
Name Address City-State-Zip:	FINNIE,, LAURIE 4699 NW 27TH AVE MIAMI FL 33142	Name Address City-State-Zip:	JONES, MICHEAL 4699 NW 27 AVE MIAMI FL 33142
Name Address City-State-Zip: Title	FINNIE,, LAURIE 4699 NW 27TH AVE MIAMI FL 33142 D	Name Address City-State-Zip: Title	JONES, MICHEAL 4699 NW 27 AVE MIAMI FL 33142 DIRECTOR
Name Address City-State-Zip: Title Name	FINNIE,, LAURIE 4699 NW 27TH AVE MIAMI FL 33142 D JONES, LATASHA	Name Address City-State-Zip: Title Name	JONES, MICHEAL 4699 NW 27 AVE MIAMI FL 33142 DIRECTOR REVE, JERMAINE A

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERMAINE REVE

Electronic Signature of Signing Officer/Director Detail

02/19/2020

Date