

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50190

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC7599821130**

**Entity Name:** GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC.

**Current Principal Place of Business:**

11500 SW 220TH STREET  
GOULDS, FL 33170

**Current Mailing Address:**

11500 SW 220TH STREET  
GOULDS, FL 33170 US

**FEI Number: 59-2824419**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FIRLOW, EVELYN  
10961 SW 224 ST  
MIAMI, FL 33170 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            COMMITTEE CHAIR  
Name            DEMPS, JR., J L  
Address        11025 S.W. 223RD ST  
City-State-Zip: MIAMI FL 33170

Title            EXECUTIVE DIRECTOR  
Name            WRIGHT, WILLIE J  
Address        18651 S.W. 128TH AVE  
City-State-Zip: MIAMI FL 33177

Title            TREASURER  
Name            BROUSSARD, BARBARA  
Address        14841 PIERCE STREET  
City-State-Zip: MIAMI FL 33176

Title            CHAIRMAN  
Name            WILLIAMS, CHARLIE BISHOP  
Address        10720 SW 217 ST  
City-State-Zip: MIAMI FL 33170

Title            MEMBERSHIP CHAIR  
Name            COLLIER, JEANETTE  
Address        22310 SW 109 CT  
City-State-Zip: GOULDS FL 33170

*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: BARBARA BROUSSARD**

**TREASURER**

**02/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date