

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001317

**Entity Name:** TRUE GOSPEL HOLINESS CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

171 NE 166 ST  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

171 NE 166 ST  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-0738623

**Certificate of Status Desired:** No

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

NOEL, ABNER PHD  
470 NW 108 STREET  
MIAMI, FL 33168 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:** ABNER NOEL

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NOEL, ABNER  
Address 470 NW 108 ST  
City-State-Zip: MIAMI FL 33168

Title T  
Name ANDRE, CLAUDETTE  
Address 5411 NW 199 ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title SECRETARY  
Name LAURENT, MARISE  
Address 1780 NW 127 ST  
City-State-Zip: MIAMI FL 33167

Title BM  
Name CHARLES, LUDERS  
Address 100 SW 5TH STREET  
APT 15  
City-State-Zip: BELLEGLADE FL 33430

Title BM  
Name CHARLES, BENJAMIN  
Address 100 SW 5TH STREET  
APT 15  
City-State-Zip: BELLEGLADE FL 33430

*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:** ABNER NOEL

PD

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date