

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 725397**

1. Entity Name

PENTECOSTAL CHURCH OF GOD IN CHRIST OF THE UNITED STATES OF AMERICA, INC.

Principal Place of Business

**1289 W. 28TH STREET
RIVIERA BEACH FL 33404**

Mailing Address

**1289 W. 28TH STREET
RIVIERA BEACH FL 33404**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2592539

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, JOHN D (BISHOP)
1289 W 28TH STREET
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PCD			
	ALEXANDER, JOHN D.			
	1481 WEST 36TH ST.			
	RIVIERA BEACH FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	VD			
	HIGHTOWER, RANDY			
	1481 W 30TH ST			
	RIVIERA BEACH FL 33404			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	JOHNSON, GEORGE			
	P O BOX 766 N/A			
	PORT SALERNO FL 33492			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	S			
	MCGRIFF, DEBORAH W			
	3828 JONATHAN'S WY			
	BOYNTON BEACH FL 33462			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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: *John D. Alexander* **John D. Alexander, John D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-2002

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90189 044 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)