

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746261

1. Entity Name

FLORIDA STATE COUNCIL OF THE PENTECOSTAL ASSEMBLIES OF THE WORLD, INC.

Principal Place of Business

17593 DEER ISLAND CIRCLE
P O BOX 68
KILLARNEY FL 34740
US

Mailing Address

17593 DEER ISLAND CIRCLE
P O BOX 68
KILLARNEY FL 34740-0068
US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

ORANGE

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

34740

Country

4. FEI Number

59-2303040

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PLEUS, ROBERT J JR ES
255 S ORANGE AVE
ORLANDO FL 32803

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

ROBERT J. PLEUS, JR., ESQUIRE

1/10/00

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

TITLE NAME	PD PARCHIA, EARL	☐ Delete
STREET ADDRESS	P.O. BOX 68 N/A RUAL	
CITY-ST-ZIP	KILLARNEY FL 34740	
TITLE NAME	V BRIDGEWATER, ELVIN S.	☐ Delete
STREET ADDRESS	3071 NW 70TH TERR.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME	SD LAWSON, JOHN H.	☐ Delete
STREET ADDRESS	211 MELFORD PLACE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE NAME	TD NEWTON, BILLY G.	☐ Delete
STREET ADDRESS	306 N. DOLLINS AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Earl Parchia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL PARCHIA

JANUARY 10, 2000

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90306 005 ****70.00

80003496



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)