

# 2002 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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS PARCHIA, EARL  
CITY-ST-ZIP P.O. BOX 68 N/A  
KILLARNEY FL 34740 ☐ Delete

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

TITLE  
NAME V  
STREET ADDRESS BRIDGEWATER, ELVIN S.  
CITY-ST-ZIP 3071 NW 70TH TERR.  
MIAMI FL 33147 ☐ Delete

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

TITLE  
NAME SD  
STREET ADDRESS LAWSON, JOHN H.  
CITY-ST-ZIP 211 MELFORD PLACE  
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE  
NAME TD  
STREET ADDRESS NEWTON, BILLY G.  
CITY-ST-ZIP 306 N. DOLLINS AVE.  
ORLANDO FL 32805 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. EARL PARCHIA

1/6/02 (407) 877-8908

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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