

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750483

1. Entity Name

THE WORD OF GOD CHURCH OF THE PENTECOSTAL ASSEMBLY ✓

Principal Place of Business

2226 W. CENTRAL AVENUE
ORLANDO FL 32805

Mailing Address

2226 W. CENTRAL AVENUE
ORLANDO FL 32805

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

59-2303041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, BILLY G.
306 NORTH DOLLINS AVENUE
ORLANDO FL 32805

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 \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE SD ☐ Delete
NAME PAUL, DELLA
STREET ADDRESS 237 FANFARE AVE.
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☐ Delete
NAME GERALDINE, WILLIAMS
STREET ADDRESS 214 S. COTTAGE HILL RD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME NEWTON, TOBE
STREET ADDRESS 428 COTTAGE HILL RD.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME HOWELL, EDWARD L
STREET ADDRESS 112 BANTRY DR
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90019 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)