

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750483

1. Entity Name

THE WORD OF GOD CHURCH OF THE PENTECOSTAL ASSEMBLY

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 037 ****61.25

Principal Place of Business

Mailing Address

2226 W. CENTRAL AVENUE
ORLANDO FL 32805

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ORLANDO FL 32805

C0071164

2. Principal Place of Business

3. Mailing Address

1733 Mercy Dr
Suite, Apt. #, etc.

1733 Mercy Dr.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2303041

Applied For

Not Applicable

Zip

32808

Country

U.S.A.
Orange

Zip

32808

Country

USA

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

Feb 4, 2001

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 STREET ADDRESS CITY-ST-ZIP	PD NEWTON, BILLY G. 306 N. DOLLINS AVE. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL, DELLA 237 FANFARE AVE. ORLANDO, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALDINE, WILLIAMS 214 S. COTTAGE HILL RD ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, TOBE 428 COTTAGE HILL RD. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, EDWARD L 112 BANTRY DR LAKE MARY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: *Billy G. Newton*

2-4-01

407-278-6334