

2000 UNIFORM BUSINESS REPORT (UBR)

UBR 000001-3

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 012 ****61.25

DOCUMENT # 751928

1. Entity Name

YOUMANS PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

3816 HIGHWAY 92 EAST
 PLANT CITY FL 33566

3816 HIGHWAY 92 EAST
 PLANT CITY FL 33566

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

59-2190940

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENTECOST, WILLIAM
3860 HWY 92 EAST
PLANT CITY FL 33566

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	P	<input type="checkbox"/> Delete
NAME	WILLIAM PENTECOST	
STREET ADDRESS	3816 HWY 92 E	
CITY-ST-ZIP	PLANT CITY, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	COX, MARY L	
STREET ADDRESS	206 N. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COX, GENE	
STREET ADDRESS	206 NORTH WIGGINS ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROY WISE	
STREET ADDRESS	605 N. COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BENNIE PITTS	
STREET ADDRESS	1002 HAGGARD RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD HARRISON	
STREET ADDRESS	6916 S. COUNTY LINE ROAD	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William D. Pentecost **WILLIAM D. PENTECOST** 2/16/2000 813 7570633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)