2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90029 044 ****61.25

DOCUMENT # N01000000059

1. Entity Name

THE PENTECOSTALS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
606 ALDEN AVE CLEARWATER FL 33755	606 ALDEN AVE CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

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 59 339 5033 ☐ 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
BALLESTERO, CARL A 1971 HARDING STREET CLEARWATER FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) 2301 Eastwood Dr City Clearwater, FL **FL** Zip Code 33765

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 / STREET ADDRESS / CITY-ST-ZIP	D BALLESTERO, CARL A 1971 HARDING STREET CLEARWATER FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 EASTWOOD DR. Clearwater, FL 33765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLESTERO, KIMBERLY 1971 HARDING STREET CLEARWATER FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2301 EASTWOOD DR Clearwater, Fl 33765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELROD, RICHARD A 3024 28TH AVE N ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, CLARENCE M 7117 BROOKING WAY MECHANICSVILLE VA 23111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLESTERO, MARTYN SR 121 W FRONT STREET NEW CARLISLE IN 46655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: C. A. BALLESTERO Carl Anthony Ballestero 4/24/02 7274614777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #