

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90010 032 ****66.25

DOCUMENT # N04901

1. Entity Name

THE TRUE LIGHT PENTECOSTAL CHURCH, INC.

Principal Place of Business

Mailing Address

112 PEMBROOK AVENUE
 INTERLACHEN FL 19133
 US

2530 N 4TH ST
 PHILADELPHIA PA 19133-3043
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2520444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEYSER, TIMOTHY
OLD GAINESVILLE HWY & LONG AVE, POB 92
INTERLACHEN FL 32048

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 Delete
 NAME PD
 GONZALEZ, LOUIS
 STREET ADDRESS 236 W. MANHEIM STREET
 CITY-ST-ZIP PHILADELPHIA PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 ORTIZ, ROMON
 STREET ADDRESS 3714 N. 7 STREET
 CITY-ST-ZIP PHILADELPHIA PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 LOPEZ, BENJAMIN
 STREET ADDRESS 2708 FAIRHILL ST
 CITY-ST-ZIP PHILADELPHIA PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TM
 MALDONADO, EDDIE
 STREET ADDRESS 6535 SOULDER ST
 CITY-ST-ZIP PHILADELPHIA PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 DIAZ, MIGUEL
 STREET ADDRESS 5224 RISING SUN AVE
 CITY-ST-ZIP PHILADELPHIA PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy Keyser 3/5/2000