

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48894

1. Entity Name

UNITED PENTECOSTAL CHURCH OF OCALA, INC.

Principal Place of Business

Mailing Address

1800 NE 8TH RD
OCALA FL 34470
US

P.O. BOX 966
OCALA FL 34478-0966
US

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

59-3121502

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

WILLIAMS, C. PATTON
1800 NE 8TH RD.
OCALA FL 34470

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 PD
NAME C PATTON WILLIAMS ☐ Delete
STREET ADDRESS 4340 NE 3RD COURT
CITY-ST-ZIP OCALA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6962 N. E. 61st Avenue Road
CITY-ST-ZIP Silver Springs FL 34488

TITLE D
NAME THERON REMINGTON ☐ Delete
STREET ADDRESS 2454 N W 57TH PLACE
CITY-ST-ZIP OCALA FL

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

TITLE D
NAME JACK THORNE ☐ Delete
STREET ADDRESS 2519 NE 3RD AVE
CITY-ST-ZIP OCALA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9951 N. W. Hwy 225A
CITY-ST-ZIP Ocala FL 34482

TITLE D
NAME WOMBLES, LEROY ☐ Delete
STREET ADDRESS 2300 NE 49TH STREET
CITY-ST-ZIP OCALA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4340 N. E. 3rd Court
CITY-ST-ZIP Ocala FL 34479

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-08-02 352 629 6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)