

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001580 (0)

1. Corporation Name

1ST UNITED PENTECOSTAL CHURCH OF WINTER BEACH, I
NC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:03

Principal Place of Business

Mailing Address

4105 65TH ST
VERO BEACH FL 32967

P O BOX 2841
VERO BEACH FL 32961
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 02/10/1994
4. FEI Number 59-3196714	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ROBERT T
428 63RD AVE
VERO BEACH FL 32968

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT T	1.2 NAME	
STREET ADDRESS	428 63RD AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL 32968	1.4 CITY- ST- ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GORDON G III	2.2 NAME	
STREET ADDRESS	1025 9TH SQ	2.3 STREET ADDRESS	
CITY- ST- ZIP	VERO BCH FL	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	BURD, ARTISTA G III	3.2 NAME	
STREET ADDRESS	76 SW 1ST CT	3.3 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert T. Williams

Robert T. Williams

01/31/95

(407) 562-1361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number