3/15

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
03-19-2001 90013 040 ****61.25

DOCUMENT # N93000001580

1. Entity Name

1ST UNITED PENTECOSTAL CHURCH OF WINTER BEACH, I

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

2. Principal Place of Business	3. Mailing Address
25 27TH AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH FL	City & State
Zip: 32962 Country: INDIAN RIVER	Zip Country

4. FEI Number: 59-3196714 ☐ 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, ROBERT T 426 63RD AVE VERO BEACH FL 32968	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILLIAMS, ROBERT T 426 63RD AVE VERO BEACH FL 32968	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ARNOLD WOODBURN 631 S.W. 24TH ST VERO BEACH, FL 32962	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILLIAMS, GORDON G III 1025 9TH SQ VERO BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JOSEPH, JAMES S 23 TREASURE CIR SEBASTIAN FL 32958-6902	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (10/00)

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: ROBERT T WILLIAMS 3/15/01 561-562-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #