

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001580

FILED
Mar 03, 2009
Secretary of State

Entity Name: 1ST UNITED PENTECOSTAL CHURCH OF VERO BEACH, INC.

Current Principal Place of Business:

25 27TH AVENUE
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

P O BOX 2841
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 59-3196714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT T
426 63RD AVE
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILLIAMS, ROBERT T PASTOR
Address: 426 63RD AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: CD () Delete
Name: WILLIAMS II, ROBERT T TRUSTEE
Address: 426 63RD AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: CD () Delete
Name: WOODBURN, ARNOLD TRUSTEE
Address: 631 SW 24TH STREET
City-St-Zip: VERO BEACH, FL 32962

Title: CD () Delete
Name: JAMES, BYRON TRUSTEE
Address: 486 CROSSPOINT DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CD () Delete
Name: PRYCE, CLINTON TRUSTEE
Address: 691 S.W. 24TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: STD () Delete
Name: WILLIAMS, ROXANN M
Address: 426 63RD AVENUE
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. WILLIAMS

CD

03/03/2009

Electronic Signature of Signing Officer or Director

Date