

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90012 029 \*\*\*\*61.25

**DOCUMENT # N96000002236**

1. Entity Name

**TRUE PENTECOSTAL COMMUNITY TEMPLE, INC.**

Principal Place of Business

Mailing Address

16 WILSON ST  
 COCOA FL 32922  
 US

16 WILSON ST  
 COCOA FL 32926  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*16 SOUTH WILSON AVE.*

3. Mailing Address

*16 SOUTH WILSON AVE.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*COCOA, FL*

City & State

*COCOA, FL*

4. FEI Number

**59-3379225**

Applied For

Not Applicable

Zip

*32922*

Country

*US*

Zip

*32922*

Country

*US*

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

**KIMBROUGH, CHARLIE**  
**3602 BROPHY BLVD.**  
**COCOA FL 32926**

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	PTD	<input type="checkbox"/> Delete
NAME	KIMBROUGH, CHARLIE	
STREET ADDRESS	3602 BROPHY BLVD.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WASHINGTON, DELIAH	
STREET ADDRESS	268 PRICE AVENUE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSEZETTA	
STREET ADDRESS	513 N KENTUCKY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES, LESTER	
STREET ADDRESS	610 SOUTH VARR AVENUE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBROUGH, BARBARA	
STREET ADDRESS	3602 BROPHY BLVD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charlie Kimbrough*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/2000*  
 Date

*(321) 632-3194*  
 Daytime Phone #

CR2E037 (9/99)