

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
 01-12-2000 90097 006 ****61.25

DOCUMENT # N97000007109

1. Entity Name

SUNSET HARVEST FIRST PENTECOSTAL CHURCH, INC.

Principal Place of Business

Mailing Address

**816 ALFRED ST
 TAVARES FL 32778
 US**

**3220 CR 511
 WILDWOOD FL 34785-8329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, RICHARD W
 3220 CR 511
 WILDWOOD FL 34785**

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	D	<input type="checkbox"/> Delete
NAME	HUGHES, DUSTIN A	
STREET ADDRESS	3220 CR 511	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, JESSICA E	
STREET ADDRESS	3220 CR 511	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, RICHARD W	
STREET ADDRESS	3220 CR 511	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dustin Hughes* **DUSTIN Hughes**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00 (352) 748-3254
 Date Daytime Phone #

CR 6037 (9/00)