

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001076****1. Entity Name**

KISSIMMEE PENTECOSTAL ASSEMBLY, INC.

Principal Place of Business

722 N MAIN ST

KISSIMMEE
34744

FL

Mailing Address

722 N MAIN ST

KISSIMMEE
34744

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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**THOMAS HELEN
816 ALPINE COURTPOINCIANA
34758

FL

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 **HELEN THOMAS****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GREAVES SHAWN	14525 VEUEUX DRIVE	ORLANDO FL 32837	☐ Change ☐ Addition			
D	VALENTINE ARLEEN SANDRA	816 ALPINE CT	KISSIMMEE FL 34758	☐ Change ☐ Addition			
D	THOMAS HELEN	816 ALPINE COURT	POINCIANA FL 34758	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Helen Thomas

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)