

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90075 014 ****61.25

DOCUMENT # 768617

1. Entity Name

CATHEDRAL OF PENTECOST, INC.

Principal Place of Business

**5500 PINE ISLAND RD.
 DAVIE FL 33328**

Mailing Address

**5500 PINE ISLAND RD.
 DAVIE FL 33328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2290885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ELMS, DAVID T REV
 12909 NW 23RD STREET
 PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **ELMS, DAVID T**
 STREET ADDRESS **12909 NW 23RD ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **S** ☐ Delete
 NAME **ELMS, MELANIE**
 STREET ADDRESS **12909 NW 23RD ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **T** ☐ Delete
 NAME **LESAGE, SUSAN**
 STREET ADDRESS **1302 SW 178 WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
 NAME **SALAMIDA, MARTY**
 STREET ADDRESS **11061 SW 30 COURT**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Delete
 NAME **LEONARD, EDDIE**
 STREET ADDRESS **1521 CATHEDRAL DRIVE**
 CITY-ST-ZIP **MARGARE FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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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 empower.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rev David T. ELMS 1/15/02 954 4340 405

CR2E037 (9/01)