DOCUMENT# N93000000375
Entity Name: UNITED PENTECOSTAL CHURCH OF COOPER CITY, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

5201 S FLAMINGO RD COOPER CITY, FL 33330

#### **Current Mailing Address:**

5201 S FLAMINGO RD COOPER CITY, FL 33330 US

## FEI Number: 65-0400102

### Name and Address of Current Registered Agent:

HATTABAUGH, MARK AREV. 12843 SPRING LAKE DRIVE COOPER CITY, FL 33330 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	D	Title	D	
Name	LINDO, ROY W	Name	POPE, RAYMOND W	
Address	19005 NW 11 CT	Address	1540 E SANDPIPER CIR	
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	PEMBROKE PINES FL 33026	
Title	D	Title	PD	
Name	MURRAY, BRIAN	Name	HATTABAUGH, MARK	
Address	767 VERONA LAKE DRIVE	Address	12843 SPRING LAKE DRIVE	
City-State-Zip:	WESTON FL 33326	City-State-Zip:	COOPER CITY FL 33330	
Title	D	Title	D	
Title Name	D WILLIAMS, C P	Title Name	D WOLFE, JAMES A	
	-			
Name	P.O. BOX 966	Name	WOLFE, JAMES A	
Name Address City-State-Zip:	WILLIAMS, C P P.O. BOX 966 OCALA FL 34478-0966	Name Address City-State-Zip:	WOLFE, JAMES A 6916 GREENHILL PL TAMPA FL 33617-1701	
Name Address	P.O. BOX 966	Name Address City-State-Zip: Title	WOLFE, JAMES A 6916 GREENHILL PL TAMPA FL 33617-1701 SECRETARY	
Name Address City-State-Zip:	WILLIAMS, C P P.O. BOX 966 OCALA FL 34478-0966	Name Address City-State-Zip:	WOLFE, JAMES A 6916 GREENHILL PL TAMPA FL 33617-1701	
Name Address City-State-Zip: Title	WILLIAMS, C P P.O. BOX 966 OCALA FL 34478-0966 D.	Name Address City-State-Zip: Title	WOLFE, JAMES A 6916 GREENHILL PL TAMPA FL 33617-1701 SECRETARY	
Name Address City-State-Zip: Title Name	WILLIAMS, C P P.O. BOX 966 OCALA FL 34478-0966 D. JOHNS, DARRELL	Name Address City-State-Zip: Title Name	WOLFE, JAMES A 6916 GREENHILL PL TAMPA FL 33617-1701 SECRETARY VOLAN, PAUL	

I hereby 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 all other like empowered.

SIGNATURE: PAUL VOLAN

SECRETARY

01/29/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jan 29, 2013 Secretary of State CC2509047449