

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001580

**Entity Name:** 1ST UNITED PENTECOSTAL CHURCH OF VERO BEACH, INC.**Current Principal Place of Business:**25 27TH AVENUE  
VERO BEACH, FL 32968**Current Mailing Address:**P O BOX 2841  
VERO BEACH, FL 32961 US**FEI Number:** 59-3196714**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS, ROBERT T  
426 63RD AVE  
VERO BEACH, FL 32968 US*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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CD
Name	WILLIAMS, ROBERT TPASTOR
Address	426 63RD AVENUE
City-State-Zip:	VERO BEACH FL 32968

Title	CD
Name	WILLIAMS II, ROBERT TTRUSTEE
Address	2830 1ST PLACE
City-State-Zip:	VERO BEACH FL 32968

Title	CD
Name	CAMPBELL, TYRONE TRUSTEE
Address	2319 SE BURTON ST
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	CD
Name	JAMES, BYRON TRUSTEE
Address	486 CROSSPOINT DRIVE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	CD
Name	PRYCE, CLINTON TRUSTEE
Address	691 S.W. 24TH PLACE
City-State-Zip:	VERO BEACH FL 32962

Title	STD
Name	WILLIAMS, ROXANN M
Address	2830 1ST PLACE
City-State-Zip:	VERO BEACH FL 32968

*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:** ROBERT T. WILLIAMS

PASTOR

02/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date