

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90054 008 ****61.25

DOCUMENT # 700932

1. Entity Name

FREE PENTECOSTAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% REV. STEVEN R. HILL, SR.
 7200 DAVIE ROAD EXTENSION
 HOLLYWOOD FL 33024

% REV. STEVEN R. HILL, SR.
 7200 DAVIE ROAD EXTENSION
 HOLLYWOOD FL 33024-2455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7023611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, REV. STEVEN R., SR.
7200 DAVIE ROAD EXTENSION
HOLLYWOOD FL 33024

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	P	<input type="checkbox"/> Delete
NAME	HILL, REV. RAYMOND C.	
STREET ADDRESS	2609 WEST RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, REV. STEVEN R., SR	
STREET ADDRESS	7200 DAVIE RD. EXT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLIN, MINNIE LEE	
STREET ADDRESS	RT 4 BOX 609	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASS, REV. WILLIAM H JR	
STREET ADDRESS	4480 STALEY RD	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANIA, JOSEPH	
STREET ADDRESS	6750 S.W. 9 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLIN, BILL	
STREET ADDRESS	RT 4 BOX 609	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33905	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33024	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIN, MINNIE LEE	
STREET ADDRESS	RT. 26 BOX 609	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	33905	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIA, JOSEPH	
STREET ADDRESS	2561 E. SARATOGA DR.	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIN, BILL	
STREET ADDRESS	RT. 26 BOX 609	
CITY-ST-ZIP	LAKE CITY, FL 32024	

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 another like empowered.

SIGNATURE:

Steven R. Hill, Sr.
STEVEN R. HILL, SR.

Date

2-15-2000

Daytime Phone #

983-0879

CR2E037 (9/99)