

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90316 029 ****61.25

DOCUMENT # 714633

1. Entity Name

THE PENTECOSTAL OVERCOMING HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

% 158 EAST CLEVELAND STREET
 APOPKA FL 32703

% 158 EAST CLEVELAND STREET
 APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0105000

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

HALL, HENRY LEE (REV)
158 E. CLEVELAND ST.
APOPKA FL 32703

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

Henry L. Hall (Pastor) Henry J. Hall

01-09-00

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 | PD | <input type="checkbox"/> Delete |
| NAME | HALL, HENRY LEE (ELDER) | |
| STREET ADDRESS | 158 E. CLEVELAND ST. | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HALL, HANNAH M. | |
| STREET ADDRESS | 158 E. CLEVELAND ST. | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SWIFT, KAY F. | |
| STREET ADDRESS | 402 E. 13TH STREET | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POOLE, GRETHEN P | |
| STREET ADDRESS | 199 W CLEVELAND ST | |
| CITY-ST-ZIP | APOKA FL 32703 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | CROSBY, ELMER J | |
| STREET ADDRESS | 222 N. HIAWASSEE RD. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWIFT, EUGENE S | |
| STREET ADDRESS | 402 E 13TH ST. | |
| CITY-ST-ZIP | APOPKA FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 empowered.

SIGNATURE:

Henry L. Hall Henry J. Hall

01-09-00

889-7324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)