

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90095 047 ****61.25

801654



DO NOT WRITE IN THIS SPACE

DOCUMENT # 719452

1. Entity Name

THE PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORID

Principal Place of Business

Mailing Address

7401 D TEMPLE TERRACE HWY.
 TAMPA FL 33637

7401 D TEMPLE TERRACE HWY.
 TAMPA FL 33592-8326

2. Principal Place of Business

10320 MAIN ST.

3. Mailing Address

10320 MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THONOTOSASSA FL

City & State

THONOTOSASSA, FL

4. FEI Number

59-2027383

Applied For

Not Applicable

Zip

33592

Country

USA

Zip

33592

Country

USA

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

CYDRUS, STEVEN W.
 3503 22ND ST. E.
 BRADENTON FL 34208

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 Steven W. Cydrus DISTRICT SECRETARY/TREASURER 1-6-00
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	RIMES, WENDELL C	NAME	
STREET ADDRESS	93 ORANGE ST	STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CYDRUS, STEVEN W	NAME	
STREET ADDRESS	3503 22ND ST. E.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP	
TITLE	VD	TITLE	VO
NAME	WARD, L E	NAME	C.W. GOFORTH
STREET ADDRESS	3301 CLEMONS RD	STREET ADDRESS	855. BAYWAY # 305
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Steven W. Cydrus DISTRICT SEC/TREAS 1-6-00 (941) 748-4297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)