

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90036 045 ****61.25

DOCUMENT # 725397

1. Entity Name

PENTECOSTAL CHURCH OF GOD IN CHRIST OF THE UNITE

Principal Place of Business

Mailing Address

1289 W. 28TH STREET
 RIVIERA BEACH FL 33404

1289 W. 28TH STREET
 RIVIERA BEACH FL 33404-4135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2592539

Applied For

Not Applicable

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

ALEXANDER, JOHN D (BISHOP)
1289 W 28TH STREET
RIVIERA BEACH FL 33404

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	PCD	<input type="checkbox"/> Delete
NAME	ALEXANDER, JOHN D.	
STREET ADDRESS	1481 WEST 36TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIGHTOWER, RANDY	
STREET ADDRESS	1481 W 30TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE	
STREET ADDRESS	P O BOX 766 N/A	
CITY-ST-ZIP	PORT SALERNO FL 33492	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGRUFF, DEBORAH W	
STREET ADDRESS	3828 JONATHAN'S WY	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: *John D. Alexander* **JOHN D. ALEXANDER**

4/10/00 844 5951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #