

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90489 021 ****70.00

DOCUMENT # 725459

1. Entity Name

PENTECOST POWER CHURCH INC

Principal Place of Business

Mailing Address

**809 NW LUCY ST
 FLORIDA CITY FL 33034
 US**

**809 NW LUCY ST
 FLORIDA CITY FL 33034
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**SCOTT, BISHOP FLOYD
 22305 SW 114 COURT
 GOULDS FL**

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 **PD** Delete
 NAME **SCOTT, BISHOP FLOYD**
 STREET ADDRESS **22305 SW 114 COURT**
 CITY-ST-ZIP **GOULDS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GATEWOOD, DECON ERNEST**
 STREET ADDRESS **10340 SW 198TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **BRYANT, ELDER LAWRENCE**
 STREET ADDRESS **353 NW REDLAND RD**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **DAVIS, AUDREY**
 STREET ADDRESS **11301 SW 200 ST, UNIT A-209**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WOODS, DORIS**
 STREET ADDRESS **28 JUDY PLACE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME **D Woods, Doris**
 STREET ADDRESS **28 Judy Place**
 CITY-ST-ZIP **Key Largo, FL 33037**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Ana M. Scott**
 STREET ADDRESS **22305 SW 114 Court**
 CITY-ST-ZIP **Goulds, FL 33170**

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: *Audrey Davis* **Audrey Davis - Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 26, 2002** (305) 253-2244
 Daytime Phone # **ext. 354W**

0071635

CR2E037 (9/01)