

**2000 UNIFORM BUSINESS REPORT (UBR)**

51

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90070 041 \*\*\*61.25

**DOCUMENT # 727035**

1. Entity Name  
**FIRST CHURCH OF GOD OF FORT PIERCE, INC.**

Principal Place of Business      Mailing Address  
**3453 SUNRISE BLVD.**      **3453 SUNRISE BLVD.**  
**FORT PIERCE FL 34982**      **FORT PIERCE FL 34982-6576**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-2355875**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SHEETS, JEAN**  
**801 S JENKINS RD**  
**FORT PIERCE FL 34947**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, PASTOR WILLIAM 3453 SUNRISE BLVD FT. PIERCE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, OMALENE 3453 SUNRISE BLVD. FT. PIERCE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERI JONES 7105 Santa Rosa Pkwy FT. PIERCE, FL 34951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABELE, JEAN 7104 SANTA ROSA PKY. FT PIERCE FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEETS, JEAN 801 SOUTH JENKINS RD. FT PIERCE, FL 34947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARNEAU, ROBERTA 771 LOMAS STREET PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Bailey, KEVIN L. 6386 41ST ST. VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kevin L. Bailey*      **REQUIRED**      Date: **4/30/00**      Daytime Phone #

CR2E037 (9/99)