# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2001 8:00 am**
**Secretary of State**
04-23-2001 90106 041 ****61.25

0084712

DOCUMENT # 729015

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA,

| Principal Place of Business | Mailing Address |
|---|---|
| 619 SOUTH HIGHWAY 71<br>WEWAHITCHKA FL 32465<br>US | 619 SOUTH HIGHWAY 71<br>P.O. BOX 967<br>WEWAHITCHKA FL 32465<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2302044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEAMAN, R G REV
619 SOUTH HIGHWAY 71
WEWAHITCHKA FL 32465

**7. Name and Address of New Registered Agent**

Name: Rev. Larry W. Sims
Street Address (P.O. Box Number is Not Acceptable): 2416 Thornton Road
City: Tallahassee FL Zip Code: 32308

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] - LARRY W. SIMS - Pastor-Director DATE: 4/10/01
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<br>LEAMAN, RG<br>619 SOUTH HIGHWAY HIGHWAY 71<br>WEWAHITCHKA FL | ☒ Delete | PD<br>Sims, LARRY W.<br>2416 Thornton Road<br>Tallahassee, Fl 32308 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHUMNEY, THOMAS MICHAEL<br>KATE GLASS ROAD<br>WEWAHITCHKA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PITTS, HERMAN<br>449 PINE ST<br>WEWAHITCHKA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PITTS, BEVERLY<br>449 PINE ST<br>WEWAHITCHKA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITEHURST, HIRAM<br>HIGHWAY 71<br>WEWAHITCHKA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** [signature] Beverly Pitts 4/10/01 850-639-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #