NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2004 8:00 am
Secretary of State
02-13-2004 90006 023 ****61.25

DOCUMENT # 729015

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA,INC

54005862

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
619 SOUTH HWY 71	PO BOX 967
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEWAHITCHKA FL	City & State: WEWAHITCHKA FL
Zip: 32465 Country: GULF	Zip: 32465 Country: GULF

4. FEI Number: 59-2302044 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVIS DAREN L

Street Address (P.O. Box Number is Not Acceptable): 619 HWY 71 S

City: WEWAHITCHKA FL Zip Code: 32465

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Daren L. Davis

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DAVIS, DAREN L
STREET ADDRESS	619 HWY 71 S
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	D
NAME	CHUMNEY, THOMAS M
STREET ADDRESS	282 KATE GLASS RD
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	D
NAME	WHITEHURST, HIRAM
STREET ADDRESS	845 N HWY 71
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	S/T
NAME	CHUMNEY, LINDA T
STREET ADDRESS	282 KATE GLASS RD
CITY-ST-ZIP	WEWAHITCHKA FL 32465
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda T Chumney 2-11-04 850 639 2222