

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90066 020 \*\*\*\*61.25

**DOCUMENT # 735367**

1. Entity Name

**THE ASSOCIATION OF PENTECOSTAL ASSEMBLIES OF THE  
 STATE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**CORNERSTONE PENTECOSTAL ASSBLY CHURCH  
 4334-2 OLD KINGS RD  
 JACKSONVILLE FL 32254  
 US**

**8109 ACREE RD  
 JACKSONVILLE FL 32219  
 US**

2. Principal Place of Business

3. Mailing Address

**2491 PICKETT Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CALLAHAN FL.**

Zip

Country

Zip

Country

**32011**

**USA.**

4. FEI Number

**59-2873420**

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

**CREWS, WILLIE  
 8109 ACREE RD  
 JACKSONVILLE FL 32219**

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

*Willie Crews*

**4-26-02**

**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 ☐ Delete  
 NAME PD  
 STREET ADDRESS CREWS, WILLIE  
 CITY-ST-ZIP 8109 ACREE RD  
 JACKSONVILLE FL 32219

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS O'BERRY, LOYD W.  
 CITY-ST-ZIP RT 5 BOX 585 CHARWOOD DRIVE  
 CALLAHAN FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS HADDEN, WILLIAM  
 CITY-ST-ZIP 2491 PICKETT RD  
 CALLAHAN FL 32011

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William Hadden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-02**

Date

Daytime Phone #

CR2E037 (9/01)