

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90167 016 \*\*\*\*61.25

0089823

**DOCUMENT # 736772**  
 1. Entity Name  
**PENTACOST CHURCH OF GOD, INC.**

Principal Place of Business      Mailing Address  
**PENTACOST CHURCH OF GOD INC.**      **250 NORTH KEETCH**  
**458 AURTHUR STREET**      **DAYTONA BEACH FL 32114**  
**DAYTONA BEACH FL 32114**      **US**  
**US**

**733435**



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 **59-6604487**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KING, BISHOP I JR**  
**250 NORTH KEETCH STREET**  
**DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent  
 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 Isaac King Jr. Bishop      03/18/2001      DATE  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, ISAAC JR</b> <b>250 NORTH KEETH STREET</b> <b>DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WIGGINS, BISHOP J JR</b> <b>809 CATHERINE AVE</b> <b>HOLLY HILL FL</b>	<input checked="" type="checkbox"/> Delete <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOHNSON, JENNIFER</b> <b>645 MCCORMICK ST</b> <b>DAYTONA BEACH FL 32114</b>	<input checked="" type="checkbox"/> Delete <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BURKS, RC</b> <b>5149 PICIDILLY C INT CREST</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STANLEY, CORA</b> <b>1621 CEDAR HIGHLANDS BLVD</b> <b>DAYTONA BEACH, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GRIGGS, ALVIN</b> <b>3780 S CLYDE MORRIS BLVD #2207</b> <b>PORT ORANGE, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, PHILLIP</b> <b>1051 E PATRICK CIRCLE</b> <b>DAYTONA BEACH, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XX</b>
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** Isaac King, Jr. Bishop      03/18/2001      904-253-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E037 (10/00)