

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90025 033 \*\*\*\*61.25

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

Principal Place of Business <b>PENTACOST CHURCH OF GOD INC.          458 AURTHUR STREET          DAYTONA BEACH FL 32114          US</b>	Mailing Address <b>250 NORTH KEETCH          DAYTONA BEACH FL 32114          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-6604487</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 <b>D KING, ISAAC JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>250 NORTH KEETH STREET</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL 32114</b>	
TITLE NAME <b>SD BURKS, RC</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5149 PICADILLY C INT CREST</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE NAME <b>SD STANLEY, CORA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1621 CEDDAR HIGHLANDS BLVD</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE NAME <b>TD GRIGGS, ALVIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3780 S. CLYDE MORRIS BLVD #2207</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>	
TITLE NAME <b>D KING, PHILLIP</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1051 E PATRICK CIRCLE</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **King, Jr., Bishop** 01/13/2002 253-0320  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)