

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743772

1. Entity Name

PENTECOSTAL CATHEDRAL, INC.

Principal Place of Business

5308 COLUMBUS DRIVE
TAMPA FL 33619

Mailing Address

P.O. BOX 292842
TAMPA FL 33687-2842

2. Principal Place of Business

3. Mailing Address

2711 53RD ST N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FLORIDA

Zip

Country

Zip

Country

33619

4. FEI Number

65-0180520

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

SLOAN, REV. EUGENE
2711 53RD ST. NORTH
TAMPA FL 33619

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

Rev Eugene Sloan - President - Director April 6th 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SLOAN, REV. EUGENE A
STREET ADDRESS 2711 53RD STREET NORTH
CITY-ST-ZIP TAMPA FL 33619

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

TITLE VPD ☐ Delete
NAME SLOAN, JOYCE
STREET ADDRESS 2711 53RD STREET NORTH
CITY-ST-ZIP TAMPA FL 33619

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

TITLE SD ☒ Delete
NAME BASS, SHARON
STREET ADDRESS 2029 PHYLLIS PLACE
CITY-ST-ZIP TAMPA FL 33619

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS 5308 E Columbus DR
CITY-ST-ZIP TAMPA, FLORIDA 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:

Rev Eugene Sloan - President - Director 04-06-2000 813-763-2112

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # CELL

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90235 004 ****61.25