

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743772

1. Entity Name

PENTECOSTAL CATHEDRAL, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90230 043 ****75.00

Principal Place of Business

5308 COLUMBUS DRIVE
TAMPA FL 33619

Mailing Address

2711 53RD STREET
TAMPA FL 33619

2. Principal Place of Business

223 May Street
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1062
Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, FL

4. FEI Number

65-0180520

Applied For

Not Applicable

Zip

33815

Country

POK

Zip

33802

Country

POIK

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SLOAN, REV. EUGENE

Street Address (P.O. Box Number is Not Acceptable)

223 May Street

City

Lakeland,

FL

Zip Code

33815

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	PD SLOAN, REV. EUGENE A 2711 53RD STREET NORTH TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLOAN, JOYCE 2711 53RD STREET NORTH TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASS, SHARON 5308 E COLUMBUS DRIVE TAMPA FL 33619	<input checked="" 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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 223 May Street Lakeland, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address 223 May Street Lakeland, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD WANDA - L. SLOAN 223 May Street Lakeland, Florida 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Rev Eugene Sloan

02/06/01

863-413-1986
813-763-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)