

# 2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743772

1. Entity Name

PENTECOSTAL CATHEDRAL, INC.

Principal Place of Business

Mailing Address

223 MAY STREET  
LAKELAND FL 33815

223 MAY STREET  
LAKELAND FL 33815

2. Principal Place of Business

6224 Diamond Street

3. Mailing Address

223 May St, Lakeland 33815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Lakeland, FL

Zip

33619 Hillsborough

Zip

33815

Country

POIK

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

SLOAN, EUGENE REV  
223 MAY STREET  
LAKELAND FL 33815

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

Rev Eugene Sloan  
REV. Eugene Sloan - P.D., Sr Pastor

Rev Eugene Sloan

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 PD  
NAME SLOAN, REV. EUGENE A  
STREET ADDRESS 223 MAY STREET  
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE VPD  
NAME SLOAN, JOYCE  
STREET ADDRESS 223 MAY STREET  
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE SD  
NAME SLOAN, WANDA L  
STREET ADDRESS 223 MAY STREET  
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 06-07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700087203967  
02/05/07--01003--021 \*\*\$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700087203967  
02/05/07--01003--022 \*\*\$75.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
JC 1/30

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/06 813-763-2112

CR2E037 (9/01)

0081782

FILED

07 JAN 29 AM 8:13

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

06-07