

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758739

1. Entity Name

FIRST PENTECOSTAL CHURCH OF INGLIS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90021 001 *****8.75

08-29-2000 90021 002 *****61.25

Principal Place of Business: HWY. 40
P.O. BOX 658
INGLIS FL 34449
US

Mailing Address

HWY. 40
P.O. BOX 658
INGLIS FL 34449
US

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

NOT APPLICABLE

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

DRYSDALE, ROSS
22 NE TUSCAULIA AVE.
OCALA FL 34470

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

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
After September 13, 2000 min. will be \$236.25

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 P
NAME DRYSDALE, REV. ROSS
STREET ADDRESS 22 NE TUSCAVILL AVE.
CITY-ST-ZIP Ocala FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BOWLING, TOMMY
STREET ADDRESS 7 53RD ST.
CITY-ST-ZIP INGLIS FL 34449

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LOVELL, DENNIS
STREET ADDRESS 12275 N. GIDIE PR
CITY-ST-ZIP DUNNELLON FL 34433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WATSON, BUDDY
STREET ADDRESS 11825 SE 195 LANE
CITY-ST-ZIP INGLIS FL 34449

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HARRIS, DAVID
STREET ADDRESS 9325 W. MILWAUKEE CT.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BOWLING, MARTHA
STREET ADDRESS 7 53RD ST.
CITY-ST-ZIP INGLIS FL 34449

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)