

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758739

1. Entity Name

FIRST PENTECOSTAL CHURCH OF INGLIS, INC.

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90098 048 ****70.00

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

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 TUSCAULLIA 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

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 NAME STREET ADDRESS CITY-ST-ZIP	P DRYSDALE, REV. ROSS 22 NE TUSCAVILL AVE. OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLING, TOMMY 7 53RD ST. INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELL, DENNIS 12275 N. GIDIE PR DUNNELLON FL 34433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, BUDDY 11825 SE 195 LANE INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DAVID 9325 W. MILWAUKEE CT. CRYSTAL RIVER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWLING, MARTHA 7 53RD ST. INGLIS FL 34449	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Drysdale, Rev. Ross 517 N.E. 9th St. Ocala, Fl. 34470	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ballard, Lane 19471 SE 58th Ave Inglis, Fl. 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David, Dunn 6629 S Pleasant Ave. Homo Sassa Spring, Fl. 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom, Ryan 20350 SE 81st Terr. Inglis, Fl. 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harris, David 2565 W. Donovan Ave Crystal River, Fl. 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Harris, Patricia 2565 W. Donovan Ave Crystal River, Fl. 34428	<input type="checkbox"/> Change <input checked="" 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:

Signature of David Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2012

Date

352-629-4585

Daytime Phone #

CR2E037 (9/01)