

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0041645

DOCUMENT # 760404

1. Entity Name
PENTECOSTAL CHURCH OF OUR LORD AND SAVIOR JESUS

04-09-2001 90029 015 ****61.25

Principal Place of Business Mailing Address
10223 SW 180TH ST **10223 SW 180TH ST**
PERRINE FL 33157 **PERRINE FL 33157**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2142172 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WATSON, SIMEON
1409 NE 152ND ST
10223 S W 180TH ST
PERRINE FL 33157

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **WATSON, SIMEON**
 STREET ADDRESS **1409 NE 152ND ST**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **WATSON, ELAINE**
 STREET ADDRESS **1409 NE 152ND ST**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GENEVA JOSEPH**
 STREET ADDRESS **2814 SW 142 CT**
 CITY-ST-ZIP **MIAMI FL 33033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WARREN, WASHINGTON**
 STREET ADDRESS **11771 SW 190TH STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** Change Addition
 NAME **WARREN WASHINGTON**
 STREET ADDRESS **11771 SW 190TH STREET**
 CITY-ST-ZIP **MIAMI FL 33157 STREET**

TITLE **VT** Delete
 NAME **SILIMON, TIMOTHY**
 STREET ADDRESS **260 N W 105 STREET**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **T** Change Addition
 NAME **SILIMON, TIMOTHY**
 STREET ADDRESS **260 NW 105 STREET**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **VS** Delete
 NAME **JONES, WILLIE**
 STREET ADDRESS **2261 N W 58 STREET**
 CITY-ST-ZIP **MIAMI FL 33140**

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: *Simeon Watson* SIGNATURES: **SIMEON WATSON - PRESIDENT** 4-5-01 305 238 6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)