

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768395

1. Entity Name

PENTECOSTAL CHURCH OF JESUS CHRIST, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90038 014 ****61.25

Principal Place of Business

Mailing Address

% ELDER ALSTON ADAMS
508 W. 29 STREET
RIVIERA BEACH FL 33404

% ELDER ALSTON ADAMS
508 W. 29 STREET
RIVIERA BEACH FL 33404-3604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, ELDER ALSTON
508 W. 29 STREET
RIVIERA BEACH FL 33404

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

TITLE PD ☐ Delete
NAME ADAMS, ALSTON
STREET ADDRESS 508 W. 29 STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE STD ☐ Delete
NAME BODDEN, JUANITA C.
STREET ADDRESS 3310 AVENUE F
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ Delete
NAME COE, JOE LEE
STREET ADDRESS 716 47 ST
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ Delete
NAME ADAMS, MARJORIE
STREET ADDRESS 508 W. 29 STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ Delete
NAME WILLIAMS, DURVAL
STREET ADDRESS 10 SOUTHERN CROSS CR 102
CITY-ST-ZIP BOYNTON BCH FL

TITLE D ☐ Delete
NAME WILLIAMS, THERESA
STREET ADDRESS 10 SOUTHERN CROSS CR 102
CITY-ST-ZIP BOYNTON BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)