

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90011 004 ****70.00

DOCUMENT # F00000005006

1. Entity Name

THE CHURCH OF GOD PENTECOSTAL, INC.



Principal Place of Business

6221 N. DALE MABRY HWY APT 2411
 TAMPA FL 33614

Mailing Address

6221 N. DALE MABRY HWY APT 2411
 TAMPA FL 33614

2. Principal Place of Business

10518 Goldwater Lane

3. Mailing Address

10518 Goldwater Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Riverview, FL

Riverview, FL

Riverview, FL

Zip

33569

Country

USA

Zip

33569

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, RONNIE L
 6221 N. DALE MABRY HWY APT 2411
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name **King, Ronnie L.**
 Street Address (P.O. Box Number is Not Acceptable)
 10518 Goldwater Lane
 City **Riverview, FL** Zip Code **33569**

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

Ronnie L. King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/7/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD KING, RONNIE L 6221 N. DALE MABRY HWY APT 241 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, KATRINA E 6221 N. DALE MABRY HWY APT 241 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLY, TAMALA 631 LAKEMONTE DR. BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10518 Goldwater Lane Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10518 Goldwater Lane Riverview, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

Ronnie L. King **REQUIRE SIGNATURE**

9/7/01

(813) 677-4221

CR2E037 (5/01)