## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # F9600000589 1. Entity Name ALL NATIONS PENTECOST CHURCH OF JESUS CHRIST, IN 01-29-2000 90031 022 \*\*\*\*61.25 Principal Place of Business Mailing Address FENDISON PRESE PENTECOST CHURCH OF CHRIST, INC. EUULISSAB 11878 W DIXIE HWY 102 N 13TH ST N MIAMI FL 33161 PHOENIX AZ 85034-1147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 86-0469320 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent x Number is Not Acceptable) DALCE HENRISON 11878 W DIXIE HWY MIAMI FL 33161 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME Loring, arthur STREET ADDRESS STREET ADDRESS 102 N. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85034 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME Loring, Harriet STREET ADDRESS STREET ADDRESS 102 N 13TH ST -CITY-ST-ZIP-CITY-ST-ZIP PHOENIX AZ 85034 Delete ☐ Change TITLE TITLE NAME ARBUCKLE, WILLIE NAME STREET ADDRESS STREET ADDRESS 102 N. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85034 [ ..... Delete TITLE Change TITLE NAME TOMLIN. ELIZABETH NAME STREET ADDRESS STREET ADDRESS 102 N. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85034 Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emproyeered 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.