

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000000589**

1. Entity Name

ALL NATIONS PENTECOST CHURCH OF JESUS CHRIST, IN**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90123 043 ****61.25

0088500

Principal Place of Business

HARRISON DANCE
11878 W DIXIE HWY
N MIAMI FL 33161
US

Mailing Address

PENTECOST CHURCH OF CHRIST, INC.
102 N 13TH ST
PHOENIX AZ 85034
US

2. Principal Place of Business

ALL NATIONS
Pentecost Church of Jesus Christ, Inc.
Suite, Apt. #, etc. **INC.**

3. Mailing Address

11878 W. Dixie Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami, Florida

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0469320

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PHILOPIN, PIERRE V
11878 W DIXIE HWY
MIAMI FL 33161

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 **CP** ☐ Delete
NAME **LORING, ARTHUR**
STREET ADDRESS **102 N. 13TH ST.**
CITY-ST-ZIP **PHOENIX AZ 85034**TITLE **ST** ☐ Delete
NAME **LORING, HARRIET**
STREET ADDRESS **102 N 13TH ST**
CITY-ST-ZIP **PHOENIX AZ 85034**TITLE **D** ☐ Delete
NAME **ARBUCKLE, WILLIE**
STREET ADDRESS **102 N. 13TH ST.**
CITY-ST-ZIP **PHOENIX AZ 85034**TITLE **D** ☐ Delete
NAME **TOMLIN, ELIZABETH**
STREET ADDRESS **102 N. 13TH ST.**
CITY-ST-ZIP **PHOENIX AZ 85034**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)