

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001680

1. Entity Name

PENTECOSTAL GOSPEL TEMPLE (INC.)

Principal Place of Business

111 WINDWARD ROAD
KINGSTON 2
JAMAICA, W.I.

Mailing Address

111 WINDWARD ROAD
KINGSTON 2
JAMAICA, W.I.

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

DIEDRICK, CAROLYN A
441 S. STATE RD 7
STE 17-18
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name STEWART, CAROLYN A
Street Address (P.O. Box Number is Not Acceptable)
441 S. STATE RD 7
STE 17-18
City MARGATE FL Zip Code 33068

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

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

2/25/00
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 | PC | <input type="checkbox"/> Delete |
| NAME | STEWART, CARMEN L REV. | |
| STREET ADDRESS | 111 WINDWARD ROAD, KINGSTON 2 | |
| CITY-ST-ZIP | JAMAICA, WI | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KEANE, ENID | |
| STREET ADDRESS | 111 WINDWARD ROAD, KINGSTON 2 | |
| CITY-ST-ZIP | JAMAICA, WI | |
| TITLE | VVCS- | <input type="checkbox"/> Delete |
| NAME | THOMPSON, FREDERICK REV. | |
| STREET ADDRESS | 54 SLIPE ROAD, KINGSTON 5 | |
| CITY-ST-ZIP | JAMAICA, WI | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PHILLIPS, CHARLES | |
| STREET ADDRESS | 2 C TAVISTOCK TERRACE, KINGSTON 6 | |
| CITY-ST-ZIP | JAMAICA, WI | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEWART, ROBERT | |
| STREET ADDRESS | 34 MONTCLAIR DRIVE, KINGSTON 6 | |
| CITY-ST-ZIP | JAMAICA, WI | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

2.17.00 876-928-4614
Date Daytime Phone #

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 027 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)