2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001085

1. Entity Name

PENTECOSTAL MINISTRIES UPON A SOLID FOUNDATION, INC.



Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90180 047 ****70.00

FILED

INC.									
Principal Plac	ce of Business	Mailing Address							
		4445 N POWERLINE RD OAKLAND PARK FL 3330							
ONICHID IN	111 FC 04005	CARDAD TAIR IE 0000	~			ırı 88 60 88 111 88 111 88 111	88114 88181 11 8 11 88181 11	4141 4 111 1 44 1	
2. Principal f	Place of Business	3. Mailing Address							
2. Thirdipal Flade of Eddiness		9. Mailing Address	aning Address			} 0 } 		BIOL BIII IBDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	Dity & State		4. FEI Number 3	1-1606233	A	oplied For	٦
								ot Applicable]
Zip Country		Zip	p Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ess of New Regis		<u> </u>	₫
01110		, –		Name					
DAVIS, D	Jebha V 3RD Street			Street Address (P.O. Box Number is Not Acceptable)				7	
	DERDALE FL 33312					•			1
	$\vec{z_i}$			City	···		FL Zip Cod	e	┨
• The above	▼ pamed entity submits this statement for	or the purpose of changing is		-	<i></i>	be Otate of Florida			4
the obligation	tions of registered agent.	or the purpose of changing it	is registere	ea office or regis	tered agent, or both, in t	ne State of Florida.	i am familiar with,	and accept	ĺ
	•								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requi	ired when reinstating)		DATE		
	•								4
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing		\$5.00 May Be		heck Payable		
	· · · · · · · · · · · · · · · · · · ·	Trust Fund	Contributi	on. \square	Added to Fees	Florida D	epartment of S	State	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AI	ND DIRECTORS IN	10	1
TITLE	PD	☐ Delete			☐ Char		☐ Change	Addition	18
NAME STREET ADDRESS	DAVIS, DEBRA 3620 SW 3RD STREET		NAM	E Et address					12
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			-ST-ZIP					CR2E037 (10/02)
TITLE	VD	☐ Delete	TITLE				☐ Change	☐ Addition	12
NAME	DAVIS, LEON	,	NAMI						
STREET ADDRESS CITY-ST-ZIP	3620 SW 3RD STREET FT. LAUDERDALE FL 33312			ET ADDRESS -ST_ZIP_					
TITLE	SD SD	☐ Delete	TITLE				☐ Change	Addition	+
NAME	SCOTT, MARGARET	2 50000	NAMi				onungo		
STREET ADDRESS CITY-ST-ZIP	3201 NW 18TH STREET			ET ADDRESS					1
	FT. LAUDERDALE FL 33311			ST-ZIP					┤
TITLE NAME	SCOTT, DAN	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	3201 NW 18TH STREET		STREE	ET ADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			ST-ZIP					1
TITLE NAME	D Smart, Birdy	☐ Delete	TITLE NAME	1			☐ Change	☐ Addition	
STREET ADDRESS	30 SW 4TH AVENUE			ET ADDRESS					
CITY-ST-ZIP	DANIA FL 33004		CITY-	ST-ZIP	W - B - B - B - B - B - B - B - B - B -				
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				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:

Wolfie Wealthed

01-18-03

(954)581-0236