

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90088 028 ****61.25

DOCUMENT # N00000001780

1. Entity Name
IN THE BEGINNING PENTECOSTAL, INC.



| | |
|---|---|
| Principal Place of Business 220 S.W. 56TH AVENUE MARGATE FL 33068 | Mailing Address 220 S.W. 56TH AVENUE MARGATE FL 33068 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 58-2626322 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LOVERA, DUPERAT
220 S.W. 56TH AVENUE
MARGATE FL 33068

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD LOVERA, DUPERAT | <input type="checkbox"/> Delete |
| STREET ADDRESS | 220 S.W. 56TH AVENUE | |
| CITY-ST-ZIP | MARGATE FL 33068 | |
| TITLE | VD LOVERA, YVONNE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 220 S.W. 56TH AVENUE | |
| CITY-ST-ZIP | MARGATE FL 33068 | |
| TITLE | STD MONTAS, JEAN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 220 S.W. 56TH AVENUE | |
| CITY-ST-ZIP | MARGATE FL 33068 | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 REQUIRED *x P.D. Lovera Duperrat* 4-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(1959) 730-D312

CR2E037 (10/00)