2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
04-24-2001 90014 025 ****61.25

DOCUMENT # N00000006584

1. Entity Name

PENIEL MISIONARY CHRISTIAN CHURCH WORKING UNITED

Principal Place of Business	Mailing Address
5103 N. CENTRAL AVE TAMPA FL 33604	P.O. BOX 9755 TAMPA FL 33674-9755

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
307 W. WATER	P.O. BOX 9755
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA FL.	TAMPA 33674
City & State	City & State
Zip 33604 Country HILLSB.	Zip FL. Country HILLSBOROUGH

4. FEI Number 59-3651272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATOS, ERBIS 5103 N. CENTRAL AVE TAMPA FL 33604	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: CEOD (ERBITO) DATE: 04/10/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MATOS, ERBIS 5103 N. CENTRAL AVE TAMPA FL 33604	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRERO, LOIS 5103 N. CENTRAL AVE TAMPA FL 33604	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIQUES, JUNIOR 5103 N. CENTRAL AVE TAMPA FL 33604	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

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 04/10/01 (813) 995-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #