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FILED
Jul 06, 2001 8:00 am
Secretary of State

05-12-2001 90059 046 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006639

1. Entity Name

MT. OLIVE CHURCH OF APOSTOLIC FAITH, INC.

Principal Place of Business

500 E OAKWOOD STREET
TARPON SPRINGS FL 34689-1054

Mailing Address

500 E OAKWOOD STREET
TARPON SPRINGS FL 34689-1054

2. Principal Place of Business

500 E OAKWOOD ST.

3. Mailing Address

P.O. BOX 1054

Suite, Apt. #, etc.

MT OLIVE CHURCH

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2967406

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

Name

WILLIAM R. EMERSON

Street Address (P.O. Box Number is Not Acceptable)

521 SO. LEVIS AVE

P.O. BOX 1054

City

TARPON SPRINGS, FL

Zip Code

34689

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

William R. Emerson

1-24-2001

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

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

SD
AUSTIN, CHRISTIAN
518 S OAKWOOD ST
TARPON SPRINGS FL 34689

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
EMERSON, WILLIAM R
521 S LEVIS AVE
TARPON SPRINGS, FL 34689

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TD
KUCUREK, TIMOTHY
521 S LEVIS AVE
TARPON SPRINGS FL 34689

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

William R. Emerson

1-24-2001

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDGING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02037 (10/00)