

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93635 001 *****8.75
 05-29-2002 93635 002 *****61.25

DOCUMENT # N00000006639

1. Entity Name

MT. OLIVE CHURCH OF APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

500 E OAKWOOD STREET
 MT. OLIVE CHURCH
 TARPON SPRINGS FL 34689

P.O. BOX 1054
 TARPON SPRINGS FL 34688

2. Principal Place of Business

500 EAST OAKWOOD STREET

3. Mailing Address

P.O. BOX 1054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

Zip

34689

Country

PINELLAS

Zip

34688

Country

PINELLAS

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

EMERSON, WILLIAM R
 521 SO. LEVIS AVENUE
 P.O. BOX 1054
 TARPON SPRINGS FL 34689

(521 SO. LEVIS AVENUE)

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

William R. Emerson Pastor

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS AUSTIN, CHRISTIAN
 CITY-ST-ZIP 518 S OAKWOOD ST
 TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS EMERSON, WILLIAM R
 CITY-ST-ZIP 521 S LEVIS AVE
 TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS KUCUREK, TIMOTHY
 CITY-ST-ZIP 521 S LEVIS AVE
 TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
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☐ Change ☐ Addition
 TITLE
 NAME
 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

William R. Emerson Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)