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

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TALLAHASSEE, FLORIDA

Smirna Pentecostal Church, Inc.

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2 Principal F	lace of Bueir		3. Mailing Address		a a c	-		-	n :: 3	· • • • •	
2. Principal Place of Business 1311 Delaware Ave			same	-			STAIL		117 J	ng -6-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITI	ال تحصل لا لا تا E IN THIS SF	ACE		
City & Stat			City & Slate	City & State						Applied For	
Fort Pierce, FL			City & State						<u> </u>	Not Applicable	
Zip Country 34950 USA			Zip .	. Country			5. Certificate of Status Desired I \$8.75 Additional Fee Required				
	1					7. Name and Add	ress of Current I	Registered /	Agent		
				Name J. Jes			sus Cruz				
DO NOT W			이야, 동안 이 같은 것 같은 것 같아?				(P.O. Box Number is Not Acceptable)				
	'a, 1 1	I THIS	SPACE		1403 Birch Street						
New York					City Fort Pierce			FL Zip Code 34950			
	named entity		nent for the purpose of changing its	registere	d office or regist	ered agent, or both, i	n the state of Flor	ida. I am fan	niliar with,	, and accept	
the obligat	ions or regist	ereo agent.									
								9/12/03			
SIGNATURE	Signature, typed	or printed name of registere	d agent and title if applicable. (NOTE	Registered	l Agent signature requir	ed when reinstating)		DATE			
FEE IS \$61.25 Initial or Amended UBR						\$5.00 May Be Added to Fees		e Check a Departn			
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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 on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-0100000

Daytime Phone #

Date

Department of State Division of Corporations PO Box 6327 Tallahassee, FL. 32314

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September 12, 2003

To Whom It May Concern:

I am including a total payment of \$123.00 to cover the payments from last year and this one. We did not pay before because we did not received any notice and also I did not know I had to pay anything else. Please send the notice to the address in the UBR.

Thanks for your attention to this matter.

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J. Jesus Cruz (presidente)