

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90010 032 \*\*\*\*66.25

**DOCUMENT # N04901**

1. Entity Name

**THE TRUE LIGHT PENTECOSTAL CHURCH, INC.**

Principal Place of Business

Mailing Address

112 PEMBROOK AVENUE  
 INTERLACHEN FL 19133  
 US

2530 N 4TH ST  
 PHILADELPHIA PA 19133-3043  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2520444**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KEYSER, TIMOTHY**  
**OLD GAINESVILLE HWY & LONG AVE, POB 92**  
**INTERLACHEN FL 32048**

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

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 PD  
 GONZALEZ, LOUIS  
 STREET ADDRESS 236 W. MANHEIM STREET  
 CITY-ST-ZIP PHILADELPHIA PA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD  
 ORTIZ, ROMON  
 STREET ADDRESS 3714 N. 7 STREET  
 CITY-ST-ZIP PHILADELPHIA PA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 LOPEZ, BENJAMIN  
 STREET ADDRESS 2708 FAIRHILL ST  
 CITY-ST-ZIP PHILADELPHIA PA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TM  
 MALDONADO, EDDIE  
 STREET ADDRESS 6535 SOULDER ST  
 CITY-ST-ZIP PHILADELPHIA PA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME S  
 DIAZ, MIGUEL  
 STREET ADDRESS 5224 RISING SUN AVE  
 CITY-ST-ZIP PHILADELPHIA PA

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timothy Keyser* 3/5/2000