

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90017 017 ****61.25

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1. Entity Name
SOUTH TAMPA UNITED PENTECOSTAL CHURCH, INC.



Principal Place of Business
2225 EAST 109TH AVE
TAMPA, FL 336 1-2

Mailing Address
2225 EAST 109TH AVE
TAMPA, FL 336 1-2

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-4002015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAVY, DANIEL M PASTOR
7220 YARDLEY WAY
TAMPA, FL 33647

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DAVY, DANIEL M
STREET ADDRESS 7220 YARDLEY WAY
CITY-ST-ZIP TAMPA, FL 33647

TITLE T ☐ Delete
NAME ROBINSON, PAUL
STREET ADDRESS 10105 N 11ST
CITY-ST-ZIP TAMPA, FL 33612

TITLE T ☐ Delete
NAME WILKERSON, JAMES
STREET ADDRESS 5002 CULVER PLACE
CITY-ST-ZIP BRANDON, FL 33511

TITLE SEC ☐ Delete
NAME WILLIAMS, RAYMOND
STREET ADDRESS 2511 BELLWOOD DRIVE
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Delete
NAME Ferguson Astley
STREET ADDRESS 3421 PineLink Ct.
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL M. DAVY

Date

Daytime Phone #

3/7/06 813-979-1868