

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90083 014 ****61.25

DOCUMENT # N19212

1. Entity Name

THE CHURCH OF PENTECOST, INC.

Principal Place of Business

Mailing Address

8709 HOGAN RD
P. O. BOX 551020
JACKSONVILLE FL 32255
US

8709 HOGAN RD
P. O. BOX 551020
JACKSONVILLE FL 32255
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2380179

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

BYRUM, MIKE
2867 DICKIE CT
JACKSONVILLE FL 32216

Name **MIKE BYRUM**

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

8709 HOGAN ROAD

City **JACKSONVILLE,**

FL

Zip Code

32216

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

Mike Byrum *FREASONER*

2-8-02

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 **D CONWAY, RON**
STREET ADDRESS **9550 BENT OAK CT**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME **BYRUM, MIKE**
STREET ADDRESS **2887 DICKIE CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **BYRUM, MIKE**
STREET ADDRESS **764 EAGLE POINT DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE ☐ Delete
NAME **OLSON, FREDERICK WILLIAM**
STREET ADDRESS **3523 BOATWRIGHT WAY, W.**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME **OLSON, ALEXA RENEE**
STREET ADDRESS **3523 BOATWRIGHT WAY., W.**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME **COLE, WILLIE**
STREET ADDRESS **1753 CHANDLER CIR E**
CITY-ST-ZIP **JACKSONVILLE FL**

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:

Mike Byrum **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

904-645-0153

Daytime Phone #

CR2E037 (9/01)