

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90113 031 \*\*\*\*70.00

**DOCUMENT # N23068**

1. Entity Name  
**PENTECOSTAL TRINITY CHURCH, INC.**



Principal Place of Business

**13650 S.W. 91ST PLACE  
DUNNELLON FL 34432  
US**

Mailing Address

**13650 S.W. 91ST PLACE  
DUNNELLON FL 34432  
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 **59-2874832**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NEW, DENNIS  
13650 S.W. 91ST PLACE  
DUNNELLON FL 34432**

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

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NEW, DENNIS</b>	
STREET ADDRESS	<b>13650 S.W. 91ST PLACE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LOPP, KENNETH</b>	
STREET ADDRESS	<b>589 N LOPP POINT</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>NEW, PATRICIA LEE</b>	
STREET ADDRESS	<b>13650 S.W. 91ST PLACE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOPP, MARY</b>	
STREET ADDRESS	<b>589 N LOPP POINT</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dennis R New* **Dennis R New** 1-6-03 352-489-0270

CR2E037 (10/02)