

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25040

1. Entity Name

EMANUEL PENTACOSTAL ASSEMBLY OF GOD, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90088 039 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O MABEL JOHNSON C/O MABEL JOHNSON
 2309 BROWN STREET 2309 BROWN STREET
 PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948-3402
 US 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 26-2332037 Applied For Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, MABEL
 2309 BROWN STREET
 PORT CHARLOTTE FL 33948

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.

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
 TITLE D
 NAME JOHNSON, AMBROZINE
 STREET ADDRESS 3518 SHAWN STREET
 CITY-ST-ZIP PORT CHARLOTTE FL
 TITLE P
 NAME JOHNSON, MABEL
 STREET ADDRESS 2309 BROWN STREET
 CITY-ST-ZIP PORT CHARLOTTE FL
 TITLE VD
 NAME JOHNSON, NAOMI
 STREET ADDRESS 2309 BROWN STREET
 CITY-ST-ZIP PORT CHARLOTTE FL
 TITLE SD
 NAME BATTLE, RUTH
 STREET ADDRESS 402 E JANETTE AVE
 CITY-ST-ZIP PORT CHARLOTTE FL
 TITLE D
 NAME DAVIS, JOYCE
 STREET ADDRESS 231 FAITH ST
 CITY-ST-ZIP PORT CHARLOTTE FL
 TITLE TD
 NAME PEARTS, LUCILLE
 STREET ADDRESS 231 FAITH STREET
 CITY-ST-ZIP PORT CHARLOTTE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE SD
 NAME Ruth Battle
 STREET ADDRESS 403 E. Janette Ave
 CITY-ST-ZIP Tampa FL 33603
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4.30.00 (813) 221-5628 Date Daytime Phone #

CR2E037 (9/99)