

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25040

1. Entity Name

EMMANUEL PENTECOSTAL ASSEMBLY OF GOD, INC

Principal Place of Business

C/O MABEL JOHNSON
2309 BROWN STREET
PORT CHARLOTTE FL 33948
US

Mailing Address

C/O MABEL JOHNSON
2309 BROWN STREET
PORT CHARLOTTE FL 33948
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 STERET
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	JOHNSON, AMBROZINE	<input type="checkbox"/> Delete
NAME		3518 SHAWN STREET	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			
TITLE	P	JOHNSON, MABEL	<input type="checkbox"/> Delete
NAME		2309 BROWN STREET	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			
TITLE	VD	JOHNSON, NAOMI	<input type="checkbox"/> Delete
NAME		2309 BROWN STREET	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			
TITLE	SD	BATTLE, RUTH	<input type="checkbox"/> Delete
NAME		402 E JANETTE AVE	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			
TITLE	D	DAVIS, JOYCE	<input type="checkbox"/> Delete
NAME		231 FAITH ST	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			
TITLE	TD	PEARTS, LUCILLE	<input type="checkbox"/> Delete
NAME		231 FAITH STREET	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	Noreen Belotte	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		MacArthur Drive	
STREET ADDRESS		Port Charlotte FL	
CITY-ST-ZIP			
TITLE	D	Edward Hyton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		21240 Argyle Ave	
STREET ADDRESS		Port Charlotte FL 33954	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	BATTLE, RUTH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		402 E Janette Ave	
STREET ADDRESS		Port Charlotte FL	
CITY-ST-ZIP			
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

941-627-8028

Date

Daytime Phone #

CR2E037 (9/01)

0084191