

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90144 032 ****61.25

0089402

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

4. FEI Number **26-2332037**

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

**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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD HYLTON	
STREET ADDRESS	21240 ARGYLE AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOREEN BELOTTE	
STREET ADDRESS	370 MACARTHUR AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

NAOMI JOHNSON

5/9/03

941-627-8028

CR2037 (10/02)