

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90026 001 ****70.00

DOCUMENT # N28230

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH INC. OF
BARTOW, FL



Principal Place of Business

160A EAST SUMMERLIN STREET
BARTOW FL 33830

Mailing Address

% R. PHILLIP HOFSTETTER
P.O. BOX 1192
BARTOW FL 33831-1192
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BARTOW, FLORIDA

City & State

City & State

33831-0926

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2889140

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

HOFSTETTER, R. PHILLIP
1120 LEE AVENUE
BARTOW FL 33830

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
Due By May 1, 2006

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 CD ☐ Delete
NAME HOFSTETTER, R. PHILLIP
STREET ADDRESS 1120 LEE AVE
CITY-ST-ZIP BARTOW FL 33830

TITLE STD ☐ Delete
NAME HOFSTETTER, CINDY E.
STREET ADDRESS 1120 LEE AVE
CITY-ST-ZIP BARTOW FL 33830

TITLE DTR ☐ Delete
NAME TSCHIDA, JOHN
STREET ADDRESS 5 DELBERT COLLINS ROAD
CITY-ST-ZIP HAINES CITY FL 33844

TITLE DTR ☐ Delete
NAME SPEARS, ALTON
STREET ADDRESS 929 NORTH GILMORE AVENUE #70
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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: *R. Phillip Hofstetter* R. PHILLIP HOFSTETTER- CD 2/01/2006 863-533-3974