

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32336

1. Entity Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90094 032 ****61.25

Principal Place of Business

Mailing Address

PENTECOSTAL ASSEMBLY OF CHRIST, INC.
 LOWERBRIDGE ROAD
 CRAWFORDVILLE FL 32327

% FRANK STALLWORTH JR.
 383 HARDWAY HWY.
 CHATTAHOOCHEE FL 32324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0931839

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STALLWORTH, FRANK JR.
 RT. 1 BOX 526
 CHATTAHOOCHEE FL 32324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME STALLWORTH, FRANK JR.
 STREET ADDRESS RT. 1 BOX 526
 CITY-ST-ZIP CHATTAHOOCHEE FL

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

TITLE SD ☐ Delete
 NAME GREEN, BETTY
 STREET ADDRESS P.O. BOX 648 N/A
 CITY-ST-ZIP CRAWFORDVILLE FL 32326-0684

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

TITLE TD ☐ Delete
 NAME REED, WILTON
 STREET ADDRESS PO BOX 352 N/A
 CITY-ST-ZIP CRAWFORDVILLE FL

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

TITLE D ☒ Delete
 NAME WHITE, MARVIN
 STREET ADDRESS PO BOX 384 N/A
 CITY-ST-ZIP SOPCHOPPY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)