

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32336

1. Entity Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90256 018 ****61.25

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Pentecostal Assembly
Suite, Apt. #, etc.

143 Lowerbridge rd.
City & State

Crawfordville FL

32324 Zip *USA* Country

3. Mailing Address

% Frank Stallworth Jr
Suite, Apt. #, etc.

383 Hardway Hwy
City & State

Chattoohatchee FL

32324 Zip *USA* Country

4. FEI Number

57-0931839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	STALLWORTH, FRANK JR.	
STREET ADDRESS	RT. 1 BOX 526	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, BETTY	
STREET ADDRESS	P.O. BOX 648 N/A	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326-0684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REED, WILTON	
STREET ADDRESS	PO BOX 352	N/A
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

Frank Stallworth Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)