

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90078 031 ****61.25

DOCUMENT # N32336

1. Entity Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Pentecostal Assembly of Christ

Frank Stallworth Jr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

463 Lowerbridge Rd.

383 Hardway Hwy.

City & State

City & State

Crawfordville FL

Chattahoochee FL

Zip

Country

Zip

Country

32327 *Wakulla*

32324 *Dadsden*

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

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 **R.A.** ☐ Change ☐ Addition
 NAME **Frank Stallworth Jr**
 STREET ADDRESS **383 Hardway Hwy.**
 CITY-ST-ZIP **Chattahoochee FL 32324**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 #

4-16-02

463-4540

CR2E037 (9/01)