

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:53

DOCUMENT # N33533 (3)

1. Corporation Name

UNITED PENTECOSTAL CHURCH, INC. OF ST. LUCIE COUNTY

Principal Place of Business

Mailing Address

655 NW SALEM TERR.
#655
PT. ST. LUCIE FL 34983
US

733 SW HOGAN ST.
PT. ST. LUCIE FL 34983
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

58-2469307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOTTHAUS, FREDERICK
733 SW HOGAN ST.
PT. ST. LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TURNER, DONALD
STREET ADDRESS	4004 GREENWOOD DRIVE
CITY-STATE-ZIP	FT. PIERCE FL
TITLE	D
NAME	JAMES, BYRON
STREET ADDRESS	486 SE CROSSPOINT DRIVE
CITY-STATE-ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	KOTTHAUS, FREDERICK
STREET ADDRESS	733 SW HOGAN ST.
CITY-STATE-ZIP	PT. ST. LUCIE FL
TITLE	D
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	John Reeves	
1.3 STREET ADDRESS	1114 S.W. 27th AVE	
1.4 CITY-STATE-ZIP	PORT ST LUCIE, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	DOWN ORCUTT	
2.3 STREET ADDRESS	357 S.E. VERADA AVE	
2.4 CITY-STATE-ZIP	PORT ST LUCIE FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Frederick Kottaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime After 5)

407-340-5810