

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90049 047 ****61.25

DOCUMENT # N33533

1. Entity Name

THE APOSTOLIC PENTECOSTAL TABERNACLE OF ST. LUCI

Principal Place of Business

650 N.W. AIROSO BLVD
 PT. ST. LUCIE FL 34983
 US

Mailing Address

P.O. BOX 7145
 PORT ST. LUCIE FL 34985-7145
 US

2. Principal Place of Business

3. Mailing Address

650 N.W. AIROSO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

Zip

Country

34983

Country

U.S.A.

4. FEI Number

59-2469307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JAMES E.G.
 314 CAMELOT
 PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name JAMES E.T. TURNER

Street Address (P.O. Box Number is Not Acceptable)
 274 S.W. GROVE AVE.

City ALC ST. LUCIE

FL

Zip Code 34985

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

PRESIDENT - DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

01/27/00

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 D ☐ Delete
 NAME TURNER, JAMES REV.
 STREET ADDRESS 314 CAMELOT
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE VD ☐ Delete
 NAME TURNER, DON II
 STREET ADDRESS 4004 GREENWOOD DRIVE
 CITY-ST-ZIP FORT PIERCE FL 34982

TITLE SD ☐ Delete
 NAME JAMES, BYRON
 STREET ADDRESS 486 S.E. CROSSPOINT DRIVE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 PRESIDENT - P/D ☒ Change ☐ Addition
 NAME REV. JAMES TURNER
 STREET ADDRESS 274 S.W. GROVE AVE.
 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/00

Date

340-7554
 561-2400

Daytime Phone #

CR2E037 (9/99)