

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38925

1. Entity Name

PENTECOSTAL FAITH DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 745
WIMAUMA FL 33598

P.O. BOX 745
WIMAUMA FL 33598-0745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0219582

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

BUNNELL, DORIS A
608 15TH W
SUITE 700
BRANDENTON FL 34205

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	<input type="checkbox"/> Delete
NAME	DORSEY, PHILLIP C.	
STREET ADDRESS	6017 BASSA ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORSEY, HELEN	
STREET ADDRESS	6017 BASSA ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DORSEY, HELEN	
STREET ADDRESS	6017 BASSA ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ERIC	
STREET ADDRESS	2214 ROOSEVELT ST	
CITY-ST-ZIP	WIMAUMA 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: Phillip C. Dorsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00 634-5063
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)