2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45012

1. Entity Name

SIGNATURE:

PENTECOSTAL	COHNCIL	HIGHWAY	TO	HEAVEN.	INC
FLITILOUGIAL	COGIACIE	HUMINTAL	\cdot	I ILLIA PIA	1110

Principal Pla	ce of Business		Mailir	ng Address					
3467 NW 24TH STREET OCKEECHOBEE FL 34974		OKEEC	SW 20TH ST. CHOBEE FL 34974						
\$			US		-		AND AND 11919 IS A SENI CIDIS	1989 BIBLE 1189	
2. Principal Place of Business Suite, Apt. #, etc.		3. Ma	iling Address						
		Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		Ci	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applied For			<u> </u>	
Zìp	T	Country	Zi	p	Country	5. Certificate of State		\$8.75 Add	litional
	6. Name a	and Address of Curre	nt Registere	ed Agent		7. Name and Addre	ss of New Registered A		
					Name	". .	· ·	<u> </u>	
	S, WILSON F V 24TH STRE				Street Addr	ress (P.O. Box Number is No	Acceptable)		
OKEECH	IOBEE FL 349	974							
		•	<i>t</i> ,		City		FL	Zip Code	9
. The above	e named entity	submits this statement	for the purp	ose of changing its	registered office or re	gistered agent, or both, in the	State of Florida. I am f	amiliar with,	and accep
the obliga	ations of registe	red agent.							
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GNATURE		printed name of registered ag	ent and title if and	dicable. (NOTE	: Registered Agent signature n	equired when reinstating)	DATE		
/		FEE IS \$61.25 2003, min will be	\$236.25	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart		
0.	1	OFFICERS AND I	DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	10
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FILED Aug 25, 2003 8:00 am Secretary of State 08-25-2003 90107 015 ****61.25

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 863)467-2012