2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90011 041 ****70.00

DOCUMENT # N45275

1. Entity Name

PENTACOSTAL BELIVERS OF THE COMING OF CHRIST INC

Principal Place of Business	Mailing Address
2614 NORTH HILL STREET FORT WHITE FL 32038	P.O. BOX 14 FORT WHITE FL 32038-0014 US

Ft white Fla Fla

2. Principal Place of Business	3. Mailing Address
2614 N. Hillst 32038	P.O. Box 14 Ft. White 32038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort White Fla	City & State: Fort White Fla
Zip: 32038 Country: USA	Zip: 32038 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-6061673 ☐ 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
BRYANT, ROSA LEE 1625 WEST JORDAN STREET FORT WHITE FL 32038	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 X Rosa Lee Bryant 2/19/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRYANT, ROSA LEE 1625 WEST JORDAN STREET FORT WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRYANT, JOHNNY B. P.O. BOX 14 N/A FORT WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBINSON, IRENE P.O. BOX 14 N/A FORT WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BYRD, YOLANDA P.O. BOX 7 N/A FORT WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: X SIGNATURE REQUIRED Rosa Lee Bryant 2/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #