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

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90008 038 ****70.00

DOCUMENT # N45275

1. Entity Name
Pentacostal Believers of The Coming of Christ Inc.

DO NOT WRITE IN THIS SPACE

B0050062

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 43-6061673 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rosa Lee Bryant
Street Address (P.O. Box Number is Not Acceptable): 139 SW Winona Glen Street
City: Fort White FL Zip Code: 32038

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 — 2/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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	PD	TITLE	
NAME	Bryant, Rosa Lee	NAME	
STREET ADDRESS	1625 Winona St.	STREET ADDRESS	
CITY-ST-ZIP	Fort White, Fl. 32038	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Bryant, Johnny B.	NAME	
STREET ADDRESS	P.O. Box 14 N/A	STREET ADDRESS	
CITY-ST-ZIP	Fort White, Fl. 32038	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Robinson, Irene	NAME	
STREET ADDRESS	P.O. Box 14 N/A	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Fort White, Fl. 32038	CITY-ST-ZIP	
TITLE	SD	TITLE	**IN THIS SPACE**
NAME	Byrd, Yolanda	NAME	
STREET ADDRESS	P.O. Box 7 N/A	STREET ADDRESS	
CITY-ST-ZIP	Fort White, Fl. 32038	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Rosa Lee Bryant — 2/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date