

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47225

1. Entity Name

MISSIONARY PENTECOSTAL HOLINESS CHURCH OF BARBER

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90020 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

MISSIONARY PLT. CHURCH  
P.O. BOX 873  
PIERSON FL 32180  
US

MISSIONARY PLT CHURCH  
P.O. BOX 873  
PIERSON FL 32180-0873  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZABAWSKI, DAVID M  
7 WEST MAIN STREET  
SUITE 300  
APOPKA FL 32703

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 ☐ Delete  
NAME D  
STREET ADDRESS OTERO, RAFAEL  
CITY-ST-ZIP P.O. BOX 944 N/A  
PIERSON FL 32180

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Ortiz, Rafael  
CITY-ST-ZIP P.O. Box 944  
Pierson, FL 32180

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS OTERO, ELVIRA  
CITY-ST-ZIP P.O. BOX 873 N/A  
PIERSON FL 32180

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ORTIZ, RODOLFO  
CITY-ST-ZIP POST OFFICE BOX 944 N/A  
PIERSON FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS OTERO, BERNARDINO  
CITY-ST-ZIP P.O. BOX 873 N/A  
PIERSON FL 32180

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of David M. Zabawski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 704-749-0954  
Date Daytime Phone #

CR2E037 (9/99)