

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47225

1. Entity Name

MISSIONARY PENTECOSTAL HOLINESS CHURCH OF BARBER

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90003 050 ****61.25

Principal Place of Business

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

Mailing Address

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

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 **59-3110902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

7-23-01 101-249-2049

CP2007 (5/01)