

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001580

FILED  
Mar 17, 2006  
Secretary of State

**Entity Name:** 1ST UNITED PENTECOSTAL CHURCH OF VERO BEACH, INC.

**Current Principal Place of Business:**

25 27TH AVENUE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

25 27TH AVENUE  
VERO BEACH, FL 32968

**Current Mailing Address:**

P O BOX 2841  
VERO BEACH, FL 32961 US

**New Mailing Address:**

**FEI Number:** 59-3196714      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBERT T  
426 63RD AVE  
VERO BEACH, FL 32968 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WILLIAMS, ROBERT T  
Address: 426 63RD AVE  
City-St-Zip: VERO BEACH, FL 32968

Title: STD ( ) Delete  
Name: JAMES, BYRON  
Address: 486 CROSSPOINT DR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CD ( ) Delete  
Name: WOODBURN, ARNOLD  
Address: 631 SW 24TH STREET  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. WILLIAMS

CD

03/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date