

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90331 032 \*\*\*\*\*61.25

**DOCUMENT # N93000002479**

1. Entity Name

**FIRST INTERNATIONAL PENTECOSTAL CITY MISSION CHU  
RCH INC.**



Principal Place of Business

**6010 DEWEY ST  
HOLLYWOOD FL 33023  
US**

Mailing Address

**6010 DEWEY ST  
HOLLYWOOD FL 33023  
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 **65-0423051**

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

**STEWART, DONAVAN E  
6010 DEWEY ST  
HOLLYWOOD FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WINT, LEVITA</b>	
STREET ADDRESS	<b>2611 NW 60 WAY #204</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, VIOLA</b>	
STREET ADDRESS	<b>14841 NW 16 DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWSON, CASWELL</b>	
STREET ADDRESS	<b>4135 NW 79 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, RHONDA</b>	
STREET ADDRESS	<b>6010 DEWEY ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, DONAVAN</b>	
STREET ADDRESS	<b>3060 JASPER WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATTKIS, EVON</b>	
STREET ADDRESS	<b>10217 SW 18 CT</b>	
CITY-ST-ZIP	<b>MIAMAR FL 33028</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Donavan Stewart*

*4/25/03*

CR2E037 (10/02)