2002 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # **N94000002434** 1. Entity Name FREE PENTECOST CHURCH OF JESUS OF DELAND, INC. 05-21-2002 90895 007 ****70 00 Principal Place of Business Mailing Address 487-B W BERESFORD ROAD 487-B W BERESFORD ROAD DELAND FL 32720 DELAND FL 32720 US 2. Principal Place of Business 3. Mailing Address 1918 New March 1918 Newhark Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3127575 Not Applicable DELLONG DELIQUE Country Country Ζip \$8.75 Additional Certificate of Status Desired___ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent echaliah Henri Street Address (P.O. Box Number is Not Acceptable) HENRY OBADIAN & DEVETT 487-W-BERESFORD ROAD Newmank DELAND FL 32720 City Zip Code ろみする& 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 $\Delta \Delta \Omega x$ re, typed or printed name of registered agent and title if appl 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/07) TITLE ☐ Delete TITLE Change Addition T HENRY, LEROY NAME NAME STREET ADDRESS %487 W BERESFORD ROAD STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DELAND FL TITLE Delete TITLE ☐ Change ☐ Addition COROLYN HENN Carcolyn HENRY DR. Henry, Obadiah NAME NAME STREET ADDRESS %487-W-BERESFORD ROAD STREET ADDRESS DEITONA FL .. 327.38 CITY-ST-ZIP CITY-ST-ZIP. DELAND;FL --- ----TITLE ☐ Delete TITLE Chang ☐ Addition HENRY, ZACHARIAH NAME NAME ADDRE 1918 NEWMARK DR. STREET ADDRESS 1166 ST ADELLE New STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deland fl Delete TITLE ☐ Change ☐ Addition SIMS. ROBERT NAME 707 LIBSON PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP TITLE TITLE Change ☐ Addition STAFFORD, SANDRA NAME NAME STREET ADDRESS 1214-S-PARSON-VE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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