						(UDD)		. *				
		FORM BUS										
DOCUNENT # N9500004663 1. Entity planne								Part 1 1 (123) (174)				
PENTECOSTAL HOUSE OF FAITH MINISTRY OF TITUSVILL								FILED				
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Principal Place of Business Mailing Address							n.	OCOMETICS OF OTATE				
1180 WHISPERING HILLS ROAD TITUSVILLE FL 32780 US 1180 WHISPERING HILLS ROA TITUSVILLE FL 32780 US							TAL	CRETERY OF STA	RIDA			
2. Principal Place of Business			3. Ma	3. Mailing Address				T CONTINUE DE LOTTER DETAIL DOUGH ERRIN COMM DOUGH DOUGH CHOICO DUIAN AGUS AFTER (STA 1964)				
Suite, Apt. #, etc.				uite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			С	City & State			NOT APPLICABLE I		plied For t Applicable	}		
Zip	Country Zip			Со	untry	5. Certificate of S	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current				red Agent		<u> </u>	7. Name and Address of New Registered Agent					
						Name		•/				
BROWN, ERNEST M						Street Address (P.O. Box Number is Not Acceptable)						
839 GIBSON ST.												
TITUSVILLE FL 32780						City	City Zip Code					
The above named entity submits this statement for the purpose of changing its reg								· FL			4	
8. The above	named;entit	y submits this statement i	or the pur	pose of changing its	register	ed office or reg	istered agent, or both, in	the state of Florida.	355-	3		
								09/27/01=-01	.U871	J17	-	
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title if a	pplicable. (NOTE	Register	ed Agent signature re	quired when reinstating)	*****70.00 DATE	*****	<u>U.UU</u>		
***		Programme and the second	٠ - سر					Jan 1994 - 104 - 14	- 20 - 2- 2- 1	dia mayee	ئحاة	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min will be \$236.25 9. Election Camp Trust Fund Cor						inancing \$5.00 May Be Make Check Payable to				l		
After Septe	ember 12,	2001, min: Will be \$	236.25	Trust Fund C	ontribu	tion. ⊔	Added to Fees	Departmen	t of State			
10.	بيد	// OFFICERS AND D	IRECTOR	S S	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	_ ا	
TITLE .	DP J	EDNECT		☐ Delete	TITI				Change	☐ Addition	(5/01	
NAME BROWN, ERNEST STREET ADDRESS 839 GIBSON ST.					NAM STR	AE EET ADDRESS					1.	
CITY-ST-ZIP TITUSVILLE FL 32780					CIT	(-ST-ZIP		. Land			2E037	
TITLE	DV	ICADELI		Delete	TITL	I .			☐ Change	☐ Addition	6	
NAME STREET ADDRESS	BROWN, 839 GIBS				NAM STR	EET ADDRESS						
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NAME STREET ADDRESS	HILLERY, 2380 FOX	SONYA (HOLLOW DR			NAM STR	EET ADDRESS						
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☐ Delete

TITLE

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.

☐ Change

☐ Addition

 $[\gamma_1]$

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP