

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006069

FILED
Apr 13, 2006
Secretary of State

Entity Name: FIRST UNITED PENTECOSTAL CHURCH OF LONGWOOD, INC.

Current Principal Place of Business:

561 E. ORANGE AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520575
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 43-0679185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOBSON, WILLIAM J II
104 CEDAR HEIGHTS CT
SANFORD, FL 32771 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: BMT () Delete
Name: ABNEY, ERNEST C
Address: 167 WALNUT CREST RUN
City-St-Zip: SANFORD, FL 32771

Title: BMT () Delete
Name: RAMOS, JOSE
Address: 203 PANAMA RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PCD () Delete
Name: HOBSON, WILLIAM J II
Address: 104 CEDAR HEIGHTS CT
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: HOBSON, SHAWNA D
Address: 104 CEDAR HEIGHTS CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PCD (X) Change () Addition
Name: HOBSON, WILLIAM J II
Address: 104 CEDAR HEIGHTS CT
City-St-Zip: SANFORD, FL 32771

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: WILLIAM J HOBSON II

PCD

04/13/2006

Electronic Signature of Signing Officer or Director

Date