

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000834

1. Entity Name

PENTECOSTAL CHURCH OF GOD IN CHRIST UNITED INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

04-26-2000 90092 011 ****70.00

Principal Place of Business

1326 W 9TH ST
JACKSONVILLE FL 32209

Mailing Address

1326 W 9TH ST
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3596915

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WRIGHT, LEANTHONY E.
834 MAGIC CORE LN
JACKSONVILLE FL 32218

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

(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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
NAME WRIGHT, LEANTHONY E
STREET ADDRESS 834 MAGIC COVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TR ☐ Delete
NAME JENNINGS, SYLVIA D
STREET ADDRESS 2433 AUBREY AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE T ☐ Delete
NAME BRADLEY, VIVIAN
STREET ADDRESS 2914 BEGONIA
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TR ☐ Delete
NAME WESLEY, ERIC
STREET ADDRESS 10639 NORTHWYICK DR
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

4/26/00-90092-011-\$70.00-\$70.00

DOCUMENT # N97000000834

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PENTECOSTAL CHURCH OF GOD IN CHRIST UNITED INC.

Principal Place of Business

1326 W 9TH ST
JACKSONVILLE FL 32209

Mailing Address

1326 W 9TH ST
JACKSONVILLE FL 32209-5506

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

59-3596915

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LEANTHONY E
834 MAGIC COVE LN
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

WRIGHT, LeAnthony E

Street Address (P.O. Box Number is Not Acceptable)

834 Magic Cove Lane

City

JACKSONVILLE

FL

Zip Code

32218

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

LeAnthony E. Wright

4/11/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution.

☐

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CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TR	<input type="checkbox"/> Delete
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STREET ADDRESS	2433 AUBREY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
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STREET ADDRESS	2914 BEGONIA	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
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NAME	WESLEY, ERIC	
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CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

309784



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)