

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004784

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** UNITED PENTECOSTAL COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1514 NW 12TH STREET  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

2430 NW 19TH STREET  
#3  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

1514 NW 12TH STREET  
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 65-0760340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, STACIA D  
1514 NW 12TH STREET  
FT. LAUDERDALE, FL 33311 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: PD ( ) Delete  
Name: WRIGHT, JERRY  
Address: 1514 NW 12TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VPD ( ) Delete  
Name: WRIGHT, STACIA  
Address: 1514 NW 12TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: STD ( ) Delete  
Name: DACRES, PEGGY  
Address: P.O. BOX 734  
City-St-Zip: FROSTPROOF, FL 33843

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STACIA D WRIGHT

VPD

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date