2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\mathtt{FILED} DOCUMENT # N9700005387 Jul 18, 2000 8:00 am 1. Entity Name **Secretary of State** THE WORD OF GOD CHURCH OF THE PENTECOSTAL ASSEMB 07-18-2000 90016 028 ****61.25 Principal Place of Business Mailing Address 2226 W CENTRAL BLVD 2226 W CENTRAL BLVD ORLANDO FL 32805 ORLANDO FL 32805 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) NEWTON, BILLY G 2226 W CENTRAL BLVD ORLANDO FL 32805 Zip Code City 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. (NOTE: Registered Agen **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITI F ☐ Delete ■ Addition NEWTON, BILLY NAME STREET ADDRESS 306 N DOLLINS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAUL, DELLA NAME NAME STREET ADDRESS STREET ADDRESS 237 FANFARE AVE CITY-ST-7IP CITY-ST-7/P ORLANDO FL 32811 ☐ Change Addition Delete TITI F **NEWTON, TOBE** NAME NAME STREET ADDRESS STREET ADDRESS 428 COTTAGE HILL RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL_32805 TITLE TR ☐ Delete TITLE ☐ Change Addition HOWELL, EDWARD NAME NAME STREET ADDRESS 112 BANTRY DRIVE STREET ADDRESS CITY-ST-Z/P LAKE MARY FL 32746 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition PERSON, JOAN STREET ADDRESS STREET ADDRESS 154 SIR TOPAZ LANE CITY-ST-ZIF CITY-ST-ZIP LAKE MARY FL 32846 ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if t with an address, with all other like