

FILED
May 29, 2001 8:00 am
Secretary of State

04-04-2001 90050 011 *****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000687

1. Entity Name

PINE GROVE NATIONAL CHURCH OF GOD, INC.

Principal Place of Business

4629 SUNRISE BLVD.
DELRAY BEACH FL 33444

Mailing Address

4629 SUNRISE BLVD.
DELRAY BEACH FL 33444

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

APPLIED FOR

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

RAMSEY, RUPERT BISHOP
 4629 SUNRISE BLVD.
 DELRAY BEACH FL 33444

Name

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

City

FL

Zip Code

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

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

TITLE P
 NAME RAMSEY, RUPERT BISHOP
 STREET ADDRESS 4629 SUNRISE BLVD.
 CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE VPT
 NAME RAMSEY, DANIEL ELDER
 STREET ADDRESS 3029 ANGLER DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE ST
 NAME PALMER, HORTENSE
 STREET ADDRESS 210 S.W. 8TH AVENUE
 CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE T
 NAME RAMSEY, TYRONE
 STREET ADDRESS 2543 ANGLER DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 (10/00)