

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001078

1. Entity Name

TRUE GOSPEL PENTECOSTAL CHURCH, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90078 015 ****70.00

0027088

Principal Place of Business

4327 W. COLUMBIA STR.
ORLANDO FL 32805

Mailing Address

4327 W. COLUMBIA STR.
ORLANDO FL 32805

A0023587

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3515808

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, MOSES REV.
5437 KAREN CT
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	TPD MONTGOMERY, MOSES REV. 5437 KAREN CT. ORLANDO FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD MONTGOMERY, JEWEL 5437 KAREN CT. ORLANDO FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTD HIGHTOWER, JOHN 436 SUNSET DR. ORLANDO FL 32805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HIGHTOWER, ADA 436 SUNSET DR. ORLANDO FL 32805	☐ 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
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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 empowerment.

SIGNATURE:

ADA Hightower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)