

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002062

1. Entity Name

PENTECOSTAL HOUSE OF JESUS IN GOD, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90067 009 ****61.25

Principal Place of Business 2003 1/2 N TAMARIND AVE WEST PALM BEACH FL 3401-138	Mailing Address 2003 1/2 N TAMARIND AVE WEST PALM BEACH FL 33407-5761
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0828532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSE, LEROY
5881 BAHAMA COURT
WEST PALM BEACH FL 33407

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ROUSE, LEROY
STREET ADDRESS	5881 BAHAMA CT
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	T <input type="checkbox"/> Delete
NAME	PRICE, DENNIS L
STREET ADDRESS	3608 BROADWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	T <input type="checkbox"/> Delete
NAME	ROUSE, RONA M
STREET ADDRESS	5881 BAHAMA CT
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	-T- <input type="checkbox"/> Delete
NAME	PRICE, ADA B
STREET ADDRESS	3608 BROADWAY
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leroy Rouse* **ROUSE, LEROY** Rouse 1/12/00 (561) 684-7679 (561) 602-3556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)