

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005304****1. Entity Name****THE PENTECOSTAL LIFE LINE CHURCH OF GOD REVIVAL CENTER
INC.****Principal Place of Business**

6331 S.W. 5TH STREET

MARGATE
33068

FL

Mailing Address

6331 S.W. 5TH STREET

MARGATE
33068

FL

2. Principal Place of Business

8409 W. MCNAB RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMARAC

FL

City & StateZip
33321

Country

Zip

Country

4. FEI Number**65-0872646****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE

333114132

US

FL

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 reinstalling)

05/01/2001

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	D	<input type="checkbox"/> Delete
NAME	MARUCCI ROCCO	
STREET ADDRESS	6331 S.W. 5TH STREET	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT ESTA	
STREET ADDRESS	6331 S.W. 5TH STREET	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT LLOYD	
STREET ADDRESS	6331 S.W. 5TH STREET	
CITY-ST-ZIP	MARGATE FL 33068	
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	
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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)(f), 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: Lloyd Grant****D****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)