

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006816

1. Entity Name

PENTECOSTAL COMMUNITY SERVICE CENTER #1, INC.

Principal Place of Business

2610 NORTHWEST 8TH STREET
FORT LAUDERDALE FL 33311

Mailing Address

2610 NORTHWEST 8TH STREET
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 OCT 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0880655

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

BROWN, ARTHUR
224 SW 22 AVE
FORT LAUDERDALE FL 33312

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	PD	☐ Delete
NAME	POWELL, SCOTT	
STREET ADDRESS	732 N.W 19 TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	☐ Delete
NAME	KEMP, VIRGA	
STREET ADDRESS	3090 NW 8 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	SD	☐ Delete
NAME	WILLIAMS, BETTY J	
STREET ADDRESS	2741 NW 25 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TD	☐ Delete
NAME	NEELEY, ORMAND	
STREET ADDRESS	2061 NW 28 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	HANKERSON, JOHN W	
STREET ADDRESS	1618 NW 13 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	HARLEY, ELLA	
STREET ADDRESS	2510 NW 31 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	000004659780--3	
CITY-ST-ZIP	-10/30/01--01089--007	
	*****61 25 *****61 25	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Remi Virga* REQUIRED

8/14/01

5547321-9393

Leukocortal Community Service Center
1, Inc.

Pg 228

Dear Mr. M. Williams:

This letter is concerning our Annual Report,
it seem to have been several mix up.

Enclosed you will find the Annual Report
package, as I sent it September 9, 2001, but
it returned. In my haste to get it to you on
time, I forgot to put your address on the
envelope as you can see when you receive the
package.

Please accept my humble forgiveness and
hopefully this ~~this~~ will be the final chapter.

I can be reached at (954) 321-9393 OR

583-3352.

Reference No.: N98000006816

Letter No.: 601A00051140

Sincerely,

Reverend Virginia Kemp