

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006887

1. Entity Name

THE NEW CITY OF DAVID PENTACOSTAL CHURCH, INC.

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90113 026 \*\*\*\*61.25

Principal Place of Business

811 N.W. 1ST AVENUE  
STE 811  
FORT LAUDERDALE FL 33311

Mailing Address

921 N.E. 50 STREET  
921 N.E. 50TH STREET  
POMPANO BEACH FL 33064-4833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

811 N.W. 1st Avenue  
Suite, Apt. #, etc.  
811

3. Mailing Address

921 N.E. 50 St.  
Suite, Apt. #, etc.  
921 N.E. 50 St.

City & State

FORT LAUDERDALE, FL

City & State

POMPANO BEACH, FL

Zip

33311

Country

Broward

Zip

33064-4833

Country

Broward

4. FEI Number

65-0878961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, GRACIEUSE  
C/O GRACIEUSE PAUL  
921 N.E. 50TH STREET  
POMPANO BEACH FL 33069

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	DP PAUL, GRACIEUSE 921 N.E. 50TH STREET POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PAUL, BED 921 N.E. 50TH STREET POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FRANCOIS, DANIEL JEAN 921 N.E. 50TH STREET POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>FRANCOIS, DANIEL JEAN 921 N.E. 50TH STREET POMPANO BEACH FL 33069</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>FRANCOIS, DANIEL JEAN 921 N.E. 50TH STREET POMPANO BEACH FL 33069</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Past: JUAN I. LO-OC. 5400 NW 57 ST TAMARAC FLA 33319	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAUL, GRACIEUSE 921 N.E. 50 ST. Pompamo Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paul, Bed 921 N.E. 50th. St. Pompamo Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Francois, Daniel Jean 921 N.E. 50th. St. Pompamo Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Juan I. Lo-oc 5400 NW 57 St TAMARAC FLA 33319	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. YVONNE L. CARTER 510 N.E. 38th St. Pompamo Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Richard DeWitt 6600 Lake Shore Dr. Margate, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED Gracieuse Paul 4-23-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)