

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-14-2003 90062 019 *****61.25

DOCUMENT # N98000006887

1. Entity Name

THE NEW CITY OF DAVID PENTACOSTAL CHURCH, INC.



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0878961**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **PAUL, GRACIEUSE**
STREET ADDRESS **921 N.E. 50TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **M** ☐ Change ☒ Addition
NAME **Richard Deluitt**
STREET ADDRESS **6600 Lakeshore DR.**
CITY-ST-ZIP **Pompano Beach, FL 33063**

TITLE **DV** ☐ Delete
NAME **PAUL, BED**
STREET ADDRESS **921 N.E. 50TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **M** ☒ Change ☐ Addition
NAME **Mary F. Jordan**
STREET ADDRESS **710 S.W. 14th St.**
CITY-ST-ZIP **Deer Field Beach FL 33441**

TITLE **DST** ☐ Delete
NAME **FRANCOIS, DANIEL JEAN**
STREET ADDRESS **921 N.E. 50TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **Missionary / evangelist + pastor** ☐ Change ☒ Addition
NAME **REV. DANIEL PEVER**
STREET ADDRESS **4031 NE 12 TER, Pompano Bch, FL 33064**
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **ANESTAL, MECENE**
STREET ADDRESS **921 NE 50**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Mary F. Jordan**
STREET ADDRESS **710 S.W. 14th St**
CITY-ST-ZIP **Deer Field Beach FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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)(l), 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 **4-27-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

(954) 531-6625