

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90077 035 ****61.25

DOCUMENT # N99000003745

1. Entity Name
GOD IN JESUS PENTECOSTAL CHURCH, INCORPORATED *R*

Principal Place of Business 1342 11TH STREET WEST PALM BEACH FL 33401	Mailing Address 1342 11TH STREET WEST PALM BEACH FL 33401
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
05-1033342

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHANEY, WILBUR V ESQUIRE
475 N.E. 1ST STREET, SUITE A-1
DELRAY BEACH FL 33483

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	TVP	<input type="checkbox"/> Delete
NAME	STEVENSON, SARAH	
STREET ADDRESS	1342 11TH STREET	
CITY-ST-ZIP	WEST PALM FL 33401	
TITLE	TP	<input type="checkbox"/> Delete
NAME	STEVENSON, ELWOOD	
STREET ADDRESS	1342 11TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SHANNON, DREWCILLA	
STREET ADDRESS	1001 36TH STREET, APT. C-20	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TT	<input type="checkbox"/> Delete
NAME	VASSELL, TANZY	
STREET ADDRESS	1342 11TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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: *[Signature]* **SIGNATURE REQUIRED** *9/8/2000* *51-835-0783*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)