

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003745

1. Entity Name

GOD IN JESUS PENTECOSTAL CHURCH, INCORPORATED

P

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

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

Principal Place of Business

1342 11TH STREET
WEST PALM BEACH FL 33401

Mailing Address

1342 11TH STREET
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TVP
NAME STEVENSON, SARAH
STREET ADDRESS 1342 11TH STREET
CITY-ST-ZIP WEST PALM FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TP
NAME STEVENSON, ELWOOD
STREET ADDRESS 1342 11TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TS
NAME SHANNON, DREWCILLA
STREET ADDRESS 1001 36TH STREET, APT. C-20
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TT
NAME VASSELL, TANZY
STREET ADDRESS 1342 11TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2000 651-835-0783

Date

Daytime Phone #

CR2E037 (5/00)