

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000003745**

1. Entity Name

**GOD IN JESUS PENTECOSTAL CHURCH, INCORPORATED**

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

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

**65-1033342**

Applied For

Not Applicable

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

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	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, DREWILLA	
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		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90374 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

10-3000

CR2E037 (10/00)