

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P38378**

1. Entity Name

PENTECOSTAL ASSEMBLIES OF THE APOSTOLIC FAITH, I**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90043 019 ****61.25

0088044

Principal Place of Business

310 ADAMSON AVE
CARROLLTON GA 30117
US

Mailing Address

P O BOX 40
CARROLLTON GA 30117
US**718132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-4228061

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

FLETCHER, JOE L.
3931 TOHEE LANE
JACKSONVILLE FL 32207

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CDP	SMITH, WILL, JR.	5 HENSON CIRCLE	CARROLLTON GA				
VCD	ESTELLA M WILLIAMS	513 EMMIT ST	SAVANNAH GA 31405				
T	C.R. JOHNSON	103 E 11TH ST	ROME GA 30161				
D	MCGLOCTON, LARRY J.	360 SOUTH WILSON ST.	VILLA RICA GA				
D	FLETCHER, JOE L.	3931 TOHEE LANE	JACKSONVILLE FL				
VP	JERRY BOYKIN	35 RIVERSIDE CT	CARROLLTON GA 30117				

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**
Jerry Boykin

Date

Daytime Phone #

2-12-01 (770) 830-7425

CR2E037 (10/00)