

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051301

1. Entity Name

PETER ROCK APOSTOLIC CHURCH INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90103 028 \*\*\*150.00

Principal Place of Business

Mailing Address

690 24TH ST. S.W.  
VERO BEACH FL 32962

690 24TH ST. S.W.  
VERO BEACH FL 32962-0125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0612518**

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

PRYOR, ELDER BILL  
690 24TH ST. S.W.  
VERO BEACH FL 32962

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **PRYOR, ELDER BILL**  
STREET ADDRESS **690 24TH ST. S.W.**  
CITY-ST-ZIP **VERO BEACH FL 32962**

☐ Delete

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

TITLE **V**  
NAME **PRYOR, EVANGELIST V**  
STREET ADDRESS **690 24TH ST. S.W.**  
CITY-ST-ZIP **VERO BEACH FL 32962**

☐ Delete

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

TITLE **S**  
NAME **PRYOR, CHELESSIA SISTER**  
STREET ADDRESS **APT. 4270 CYPRESS GREEN**  
CITY-ST-ZIP **VERO BEACH FL 32962**

☐ Delete

TITLE **S**  
NAME **PRYOR, CHELESSIA SISTER**  
STREET ADDRESS **4646 30TH AVENUE**  
CITY-ST-ZIP **VERO BEACH, FL 32967** ☒ Change ☐ Addition

TITLE **S**  
NAME **PRYOR, VERNA ASS.**  
STREET ADDRESS **690 24TH ST. S.W.**  
CITY-ST-ZIP **VERO BEACH FL 32962**

☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Verna Pryor* **VERNA PRYOR-ED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/00 (561) 567-8741

Date

Daytime Phone #

CR2E034 (9/99)