



The Pentecostal Assemblies of Canada (PAOC)  
**CHURCH NAME CHANGE/CLOSURE NOTICE**  
*(Please PRINT clearly)*

**CHURCH NAME**

\_\_\_\_\_  
 Current Legal Church Name (as registered with the Canada Revenue Agency) Church ID

\_\_\_\_\_  
 Proposed Legal Church Name (as should appear on certificate) Section Number

\_\_\_\_\_  
 Current Operational Church Name (if different from Legal Church Name)

\_\_\_\_\_  
 Proposed Operational Church Name (as should appear on certificate if different from Legal Church Name)

**MAILING ADDRESS**

\_\_\_\_\_  
 Unit Number - Street Number - Street Name

\_\_\_\_\_  
 City Province Postal Code

\_\_\_\_\_  
 Phone Fax E-mail

**CHURCH STREET ADDRESS**  
*(if different than above)*

\_\_\_\_\_  
 Unit Number - Street Number - Street Name

\_\_\_\_\_  
 City Province Postal Code

\_\_\_\_\_  
 Church Charitable Registration Number

**CHURCH INFORMATION**  
**PASTOR**

*(To be completed by church official)*

\_\_\_\_\_  
 Credential Number Title First Name Initial Last Name

\_\_\_\_\_  
 Unit Number - Street Number - Street Name

\_\_\_\_\_  
 City Province Postal Code

\_\_\_\_\_  
 Phone Fax E-mail

**BOARD SECRETARY**

\_\_\_\_\_  
 Title First Name Initial Last Name

\_\_\_\_\_  
 Unit Number - Street Number - Street Name

\_\_\_\_\_  
 City Province Postal Code

\_\_\_\_\_  
 Phone Fax E-mail

**CHANGE/ACTION**

*(To be completed by district official)*

Close Church  Church Disaffiliated

Name Change: Legal Church Name

Name Change: Operational Church Name

New name as approved by district executive \_\_\_\_\_

Church Charitable Registration Number \_\_\_\_\_

\_\_\_\_\_  
 Print Church Name (As it appears on certificate) Directory City

**A letter from the church must be included with the form reporting the following information: 1) date of the duly-called congregational meeting; 2) wording of the resolution presented for consideration; 3) number of members voting; 4) the official results of the vote (at least a two-thirds (2/3) majority vote of the members present and voting is required).**

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**OFFICIAL ENDORSEMENT**

I hereby authorize the action indicated for the above assembly as approved by the \_\_\_\_\_  
\_\_\_\_\_ District Executive, of PAOC on this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Signed:

\_\_\_\_\_ District Representative

\_\_\_\_\_ Position