


2008 FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N20859
 1. Entity Name
PENTECOSTAL CHURCH OF JESUS CHRIST GOSPEL MINISTRY, INC.



Principal Place of Business C/O MARIONETTE BRYANT RT. 2 BOX 122HH QUINCY, FL 32351 US	Mailing Address NEW 911 ADDRESS 207 CHARLIE HARRIS LOOP QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2770058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRYANT, MARIONETTE
 207 CHARLES HARRIS LOOP
 QUINCY, FL 32351**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDBP BRYANT, MARIONETTE 207 CHARLES HARRIS LOOP QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE CHARLESTON, LATHERIA 472 DOGTOWN RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE JONES, STEVEN S 4765 BAINBRIDGE HWY QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADY, VERONICA 207 CHARLIE HARRIS LOOP QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JAMES JR 4765 BAINBRIDGE HWY QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, DARRELL L 235 BRADLEY ST QUINCY, FL 32351

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 05/13/08-80037-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Veronica Brady* **4/16/08 (850) 687-7202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #