

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17026

Entity Name: PENTECOSTALS OF JACKSONVILLE INC.**Current Principal Place of Business:**6573 HYDE GROVE AVE
JACKSONVILLE, FL 32210**Current Mailing Address:**6573 HYDE GROVE AVE
JACKSONVILLE, FL 32210**FEI Number:** 59-2779197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEGTER, BRIAN J
6573 HYDE GROVE AVE
JACKSONVILLE, FL 32210 US*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:** BRIAN FEGTER

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, DIRECTOR
Name FEGTER, BRIAN J
Address 6573 HYDE GROVE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE, DIRECTOR
Name PEEK, SAMUEL L
Address 6573 HYDE GROVE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE, DIRECTOR
Name WILLIAMS, LACON L
Address 6573 HYDE GROVE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE, DIRECTOR
Name MOODY, GLORIA G
Address 6573 HYDE GROVE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY, TREASURER
Name FEGTER, SHANNA M
Address 6573 HYDE GROVE AVE
City-State-Zip: JACKSONVILLE FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN FEGTER

PASTOR, DIRECTOR

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date