

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20859

**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**8230515327CC**

**Entity Name:** PENTECOSTAL CHURCH OF JESUS CHRIST GOSPEL  
MINISTRY, INC.

**Current Principal Place of Business:**

C/O MARIONETTE BRYANT  
191 CHARLIE HARRIS LOOP  
QUINCY, FL 32352

**Current Mailing Address:**

NEW 911 ADDRESS  
207 CHARLIE HARRIS LOOP  
QUINCY, FL 32352

**FEI Number: 59-2770058**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO, PRESIDENT, PASTOR  
Name            BRYANT, MARIONETTE  
Address        207 CHARLES HARRIS LOOP  
City-State-Zip: QUINCY FL 32352

Title            DIRECTOR, ELDER  
Name            JONES, STEVEN S  
Address        105 PENTECOSTAL AVE  
City-State-Zip: QUINCY FL 32352

Title            COO, VC, COMPTROLLER,  
EXECUTIVE SECRETARY,  
DEACONESS  
Name            DAVIS, VERONICA  
Address        4801 BAINBRIDGE HWY  
City-State-Zip: QUINCY FL 32352

Title            DEACON  
Name            SHAW, JAMES JR  
Address        9430 BARWICK DR.  
City-State-Zip: TALLAHASSEE FL 32305

Title            DEACON  
Name            GORDON, RONALD SR.  
Address        235 CHARLIE HARRIS LOOP  
City-State-Zip: QUINCY FL 32352

Title            TRUSTEE  
Name            SHAW, KRESHAWN  
Address        9430 BARWICK DR.  
City-State-Zip: TALLAHASSEE FL 32305

*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: VERONICA DAVIS**

**SECRETARY**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date