

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90004 007 \*\*\*\*70.00

<b>DOCUMENT # 725397</b> 1. Entity Name <b>PENTECOSTAL CHURCH OF GOD IN CHRIST OF THE UNITED STATES OF AMERICA, INC.</b>					
Principal Place of Business 1289 W. 28TH STREET RIVIERA BEACH, FL 33404			Mailing Address 1289 W. 28TH STREET RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2592539</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALEXANDER, JOHN D (BISHOP)</b> <b>1289 W 28TH STREET</b> <b>RIVIERA BEACH, FL 33404</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John D. Alexander</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>Jan 11, 04</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALEXANDER, JOHN D.		NAME	D RONALD LUMPKINS	
STREET ADDRESS	1481 WEST 36TH ST.		STREET ADDRESS	50001 BONDED OAK CT.	
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32311	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGHTOWER, RANDY		NAME		
STREET ADDRESS	1481 W 30TH ST		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GEORGE		NAME		
STREET ADDRESS	P O BOX 766 N/A		STREET ADDRESS		
CITY-ST-ZIP	PORT SALERNO, FL 33492		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRUFF, DEBORAH W		NAME		
STREET ADDRESS	3828 JONATHAN'S WY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33462		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>John D. Alexander</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>Jan 11, 04</i> Daytime Phone # <i>(904) 842-7719</i>		