2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 738673

1. Entity Name
CHRIST CHURCH PENTECOSTAL, INC.

Principal Place of Business
2226 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32216

Mailing Address
PO BOX 28069
JACKSONVILLE, FL 32226

04152003 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2502807

Applied For
Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, MERVYN T
9917 CAMPUS AVE.
JACKSONVILLE, FL 32208

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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 for filing) (Date)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MILLER, MERVYN T
STREET ADDRESS	9917 CAMPUS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	DT
NAME	CUNDIFF, DAVID
STREET ADDRESS	3618 EVE DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	DS
NAME	MILLER, BRENDA
STREET ADDRESS	9917 CAMPUS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000516097
04/29/06-80234-023 61.25

DO NOT WRITE IN THIS SPACE

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: _____ PCD

(Signature of an officer or director required)