

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90004 043 ****61.25

DOCUMENT # 747211

1. Corporation Name

THE PENECOSTAL HOLINESS CHURCH OF THE LIVING GOD
, INC.

Principal Place of Business

Mailing Address

1565 GAYLE STREET
TITUSVILLE FL 32780
US

1588 DELEON STREET
TITUSVILLE FL 32780



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/16/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1978076

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, BISHOP CHARLIE
1588 DELEON STREET
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE FS ☐ DELETE

NAME JENKINS, KIMBERLY
STREET ADDRESS 1625 HOLDER RD
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME JENKINS, BISHOP CHARLES
STREET ADDRESS 1588 DELEON ST
CITY-ST-ZIP TITUSVILLE FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GARY, SISTER ANN
STREET ADDRESS 1180 CARPENTER RD
CITY-ST-ZIP TITUSVILLE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME JENKINS, MISSIONARY M
STREET ADDRESS 1588 DELEON ST
CITY-ST-ZIP TITUSVILLE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME JENKINS, ALVIN L
STREET ADDRESS 1625 HOLDER RD
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE CS ☐ DELETE

NAME JENKINS, JULIET
STREET ADDRESS 215 BUCCANEER AVE, #205
CITY-ST-ZIP MERRITT ISLAND FL

2.2 NAME ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)