

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90149 012 \*\*\*\*61.25

**DOCUMENT # 747211**

1. Entity Name

**THE PENECONSTAL HOLINESS CHURCH OF THE LIVING GOD  
, INC.**



Principal Place of Business

**1565 GAYLE STREET  
TITUSVILLE FL 32780  
US**

Mailing Address

**1588 DELEON STREET  
TITUSVILLE FL 32780**

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 **59-1978076**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, BISHOP CHARLIE  
1588 DELEON STREET  
TITUSVILLE FL 32780**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FST** ☒ Delete  
NAME **JENKINS, KIMBERLY**  
STREET ADDRESS **1625 HOLDER RD**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **FST** ☒ Change ☐ Addition  
NAME **Jenkins, Alvin**  
STREET ADDRESS **1625 Holder Rd**  
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **PD** ☐ Delete  
NAME **JENKINS, BISHOP CHARLES**  
STREET ADDRESS **1588 DELEON ST**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GARY, SISTER ANN**  
STREET ADDRESS **1180 CARPENTER RD**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **JENKINS, MISSIONARY M**  
STREET ADDRESS **1588 DELEON ST**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **JENKINS, ALVIN L**  
STREET ADDRESS **1625 HOLDER RD**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **Delores Jenkins** ☒ Change ☐ Addition  
NAME **1165 B. So. Park Ave**  
STREET ADDRESS **Titusville, FL 32780**  
CITY-ST-ZIP

TITLE **CS** ☐ Delete  
NAME **JENKINS, JULIET**  
STREET ADDRESS **215 BUCCANEER AVE, #205**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 ones like empowered.

SIGNATURE:

*Delores Jenkins*  
**DELORIS JENKINS**

**13 K4/03 383-4155**

CR2E037 (10/02)