

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768395** (6)

1. Corporation Name

**PENTECOSTAL CHURCH OF JESUS CHRIST, INC.**



Principal Place of Business <b>% ELDER ALSTON ADAMS 508 W. 29 STREET RIVIERA BEACH FL 33404</b>		Mailing Address <b>% ELDER ALSTON ADAMS 508 W. 29 STREET RIVIERA BEACH FL 33404</b>		3. Date Incorporated or Qualified <b>05/11/1983</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2290134</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ADAMS, ELDER ALSTON 508 W. 29 STREET RIVIERA BEACH FL 33404</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ADAMS, ALSTON 508 W. 29 STREET RIVIERA BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ALSTON	1.2 NAME	
STREET ADDRESS	508 W. 29 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD BODDEN, JUANITA C. 3310 AVENUE F RIVIERA BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODDEN, JUANITA C.	2.2 NAME	
STREET ADDRESS	3310 AVENUE F	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D COE, JOE LEE 716 47 ST W PALM BCH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, JOE LEE	3.2 NAME	
STREET ADDRESS	716 47 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D ADAMS, MARJORIE 508 W. 29 STREET RIVIERA BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARJORIE	4.2 NAME	
STREET ADDRESS	508 W. 29 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, DURVAL 10 SOUTHERN CROSS CR 102 BOYNTON BCH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DURVAL	5.2 NAME	
STREET ADDRESS	10 SOUTHERN CROSS CR 102	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, THERESA 10 SOUTHERN CROSS CR 102 BOYNTON BCH FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THERESA	6.2 NAME	
STREET ADDRESS	10 SOUTHERN CROSS CR 102	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Adston Adams* 2/8/98

Daytime Phone # 0040760

CR2E037 (10/97)