

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90084 031 ****61.25

DOCUMENT # 768395

1. Corporation Name

PENTECOSTAL CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

% ELDER ALSTON ADAMS
508 W. 29 STREET
RIVIERA BEACH FL 33404

Mailing Address

% ELDER ALSTON ADAMS
508 W. 29 STREET
RIVIERA BEACH FL 33404



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/11/1983

4. FEI Number

59-2290134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, ELDER ALSTON
508 W. 29 STREET
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME ADAMS, ALSTON
STREET ADDRESS 508 W. 29 STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE STD ☐ DELETE

NAME BODDEN, JUANITA C.
STREET ADDRESS 3310 AVENUE F
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ DELETE

NAME COE, JOE LEE
STREET ADDRESS 716 47 ST
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE

NAME ADAMS, MARJORIE
STREET ADDRESS 508 W. 29 STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ DELETE

NAME WILLIAMS, DURVAL
STREET ADDRESS 10 SOUTHERN CROSS CR 102
CITY-ST-ZIP BOYNTON BCH FL

TITLE D ☐ DELETE

NAME WILLIAMS, THERESA
STREET ADDRESS 10 SOUTHERN CROSS CR 102
CITY-ST-ZIP BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98