

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768395

FILED
Feb 03, 2009
Secretary of State

Entity Name: PENTECOSTAL CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2290134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, ALSTON,
Address: 508 W. 29 STREET
City-St-Zip: RIVIERA BEACH, FL

Title: D () Delete
Name: LALOR, GERTRUDE
Address: 1718 ESSEX LN
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: COE, JOE LEE,
Address: 716 47 ST
City-St-Zip: W PALM BCH, FL

Title: D () Delete
Name: ADAMS, MARJORIE,
Address: 508 W. 29 STREET
City-St-Zip: RIVIERA BEACH, FL

Title: D () Delete
Name: ADAMS, JAMES
Address: 3425 AVE F
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: ADAMS, CLARISISA
Address: 4732 BRADY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE ADAMS

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date