


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

**FILED**  
**Jun 06 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770622**  
 1. Corporation Name  
**Pentecostal Church of God In Jesus, Inc.**

Principal Place of Business <b>1663 West 26th St.</b> <b>Jacksonville, Fl. 32209</b>	Mailing Address <b>P.O. BOX 66104</b> <b>Jacksonville, FL</b> <b>32208</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>10-7-1983</b>	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Reva M Gates**  
**6430 Kinlock Dr. W**  
**Jacksonville, FL 32219**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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**

TITLE	<b>C/O</b>	<input type="checkbox"/> DELETE
NAME	<b>Reva M Gates</b>	
STREET ADDRESS	<b>6430 Kinlock Dr. W</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>Calvin Lewis Gates</b>	
STREET ADDRESS	<b>6430 Kinlock Dr. W</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>Barbara P. Gates</b>	
STREET ADDRESS	<b>6430 Kinlock Dr. W</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>Linda A. Gates</b>	
STREET ADDRESS	<b>6430 Kinlock Dr. W</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE	<b>V/T</b>	<input type="checkbox"/> DELETE
NAME	<b>Vickie E. Lockley</b>	
STREET ADDRESS	<b>6430 Kinlock Dr. W</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**4/6/6/97**  
**10000209451**  
**-06/11/97--01116--011**  
**\*\*\*70.00**

14. I do 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:** Pastor Calvin Gates **Pastor: Calvin Gates** **02 June 97** **(904) 766-2955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/96)