

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770622 (9)
 1. Corporation Name
PENTECOSTAL CHURCH OF GOD IN JESUS, INC.



Principal Place of Business 1663 W 26TH ST JACKSONVILLE FL 32209	Mailing Address P.O. BOX 66104 JACKSONVILLE FL 32208 US
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3. Date Incorporated or Qualified 10/07/1983
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GATES, REVA M. 6430 KINLOCKE DRIVE WEST JACKSONVILLE FL 32219

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	GATES, REVA MARIE
STREET ADDRESS	6430 KINLOCKE DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GATES, CALVIN LEWIS
STREET ADDRESS	6430 KINLOCKE DR W
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GATES, BARBARA P.
STREET ADDRESS	6438 KINLOCK DR. W
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GATES, LINDA A.
STREET ADDRESS	6430 KINLOCKE DR W
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	LOCKLEY, VICKIE E.
STREET ADDRESS	6430 KINLOCKE DR, W.
CITY-ST-ZIP	JACKSONVILLE FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	50 GATES, BARBARA P.
3.3 STREET ADDRESS	6448 THURGOOD CIRCLE WEST
3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA
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	

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: Calvin Lewis URC EVIL Gates 01/27/98 (904) 766-2955

CR2E037 (10/97)