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
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90079 002 ****70.00

DOCUMENT # 770622

1. Corporation Name

PENTECOSTAL CHURCH OF GOD IN JESUS, INC.

Principal Place of Business	Mailing Address
1663 W 26TH ST JACKSONVILLE FL 32209	P.O. BOX 66104 JACKSONVILLE FL 32208 US

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed **10/07/1983**
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number **NOT APPLICABLE** / Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip [24] Country [25]	Zip [29] Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GATES, REVA M. 6430 KINLOCKE DRIVE WEST JACKSONVILLE FL 32219	[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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME GATES, REVA MARIE		1.2 NAME	
STREET ADDRESS 6430 KINLOCKE DRIVE WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME GATES, CALVIN LEWIS		2.2 NAME	
STREET ADDRESS 6430 KINLOCKE DR W		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME GATES, BARBARA P.		3.2 NAME	
STREET ADDRESS 6448 THURGOOD CIRCLE WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME GATES, LINDA A.		4.2 NAME	
STREET ADDRESS 6430 KINLOCKE DR W		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME LOCKLEY, VICKIE E.		5.2 NAME	
STREET ADDRESS 6430 KINLOCKE DR, W.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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_ Date 2-26-99

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

CR2E037 (11/98)