

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90184 001 ****70.00

DOCUMENT # 770622

1. Entity 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 32208-6104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, REVA M.
6430 KINLOCKE DRIVE WEST
JACKSONVILLE FL 32219

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, REVA MARIE	NAME	
STREET ADDRESS	6430 KINLOCKE DRIVE WEST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, CALVIN LEWIS	NAME	
STREET ADDRESS	6430 KINLOCKE DR W	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, BARBARA P.	NAME	
STREET ADDRESS	6448 THURGOOD CIRCLE WEST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, LINDA A.	NAME	
STREET ADDRESS	6430 KINLOCKE DR W	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKLEY, VICKIE E.	NAME	
STREET ADDRESS	6430 KINLOCKE DR, W.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vickie E. Lockley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-00 (904) 764-6061

CR2E037 (9/99)