


**4 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

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 US**

DO NOT WRITE IN THIS SPACE



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GATES, CALVIN L.
6430 KINLOCKE DRIVE WEST
JACKSONVILLE, FL 32219**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE
03/02/04-80046-019 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD GATES, CALVIN LEWIS 6430 KINLOCKE DRIVE WEST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GATES, LINDA A 6430 KINLOCKE DRIVE WEST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD GATES, BARBARA P. 6448 THURGOOD CIRCLE WEST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD LOCKLEY, VICKIE E 6430 KINLOCKE DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD GATES, OSCAR L 6430 KINLOCKE DR, W. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

12. 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: *Bishop Calvin Gates* **02-24-04 (904) 7686061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number