

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90075 006 ****70.00

DOCUMENT # 770622

1. Entity 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**

20006943



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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: *Vickie E. Lockley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2005 *904 764-6061*
Date Daytime Phone #