

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004042

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE PENTECOSTAL APOSTOLIC CHURCH OF JESUS CHRIST, INC.

Current Principal Place of Business:

104 AND 106 WEST VENTURA AVE
CLEWISTON, FL 33440

New Principal Place of Business:

506 EAST OBISPO AVE
CLEWISTON, FL 33440

Current Mailing Address:

PO BOX 2443
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 04-3696408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, SOLOMON
518 EAST VENTURA AVE.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, SOLOMON
Address: 518 EAST VENTURA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VD () Delete
Name: LEWIS, JACQUELINE
Address: 518 EAST VENTURA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: LU'QUENIGUE, ANGRY
Address: 534 COMMERIO ST
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: WILLIAMS, SHELIA
Address: P.O. BOX 2692
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: CARTER, J.C.
Address: 1462 NW 12TH ST
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GORDON, EASTER
Address: 1213 DAVIDSON RD
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE LEWIS

VD

03/02/2009

Electronic Signature of Signing Officer or Director

Date