

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1996 08:00 AM
Secretary of State

DOCUMENT # N04402 (6)

1. Corporation Name

PENTECOSTAL FULL GOSPEL CRUSADE OF JESUS CHRIST,
INC.

Principal Place of Business

Mailing Address

PENTECOSTAL FULL GOSPEL
NW 4TH ST
OCALA FL 32608
US

2930 SW 34TH PL
GAINESVILLE FL 32608-2720
US

3. Date Incorporated or Qualified

07/27/1984

3a. Date of Last Report

10/25/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Pentecostal Full Gospel

26 Suite, Apt. #, etc.

22 NW 4th ST

27 Suite, Apt. #, etc.

23 Ocala, FL

28 City & State

24 34475

25 US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUGGERSON, LILLIE
4215 NORTHWEST HIGHWAY 40
OCALA FL 32670

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 ☐ DELETE

NAME PD
DENNISON, CLEVELAND
STREET ADDRESS 2930 S.W. 34TH PLACE
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
SURMONS, ELVIRA
STREET ADDRESS 5150 NW 52ND PL
CITY-ST-ZIP Ocala FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD
SNOW, OLEVY
STREET ADDRESS RT 1, BOX 1542
CITY-ST-ZIP ANTHONY FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
FAISON, MAE K
STREET ADDRESS 17325 NE 25TH AVE.
CITY-ST-ZIP CITRA FL 32113

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
JACKSON, CLEVELAND
STREET ADDRESS 7651 W. ANTHONY RD #66
CITY-ST-ZIP Ocala FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
TUGGERSON, BERNARD
STREET ADDRESS 4215 N.W. HWY. 40
CITY-ST-ZIP Ocala FL

2.2 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Elvira J. Surmons

ELVIRA J. SURMONS

3/16/96

904-237-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 358

CR2E037 (12/95)