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May 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

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 34475  
US2930 SW 34TH PL  
GAINESVILLE FL 32608-2720  
US3. Date Incorporated or Qualified  
07/27/19843a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

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 PD  
NAME DENNISON, CLEVELAND  
STREET ADDRESS 2930 S.W. 34TH PLACE  
CITY - ST - ZIP GAINESVILLE FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D  
NAME SURMONS, ELVIRA  
STREET ADDRESS 5150 NW 52ND PL  
CITY - ST - ZIP Ocala FL2.1 TITLE TD  
2.2 NAME SURMONS, ELVIRA  
2.3 STREET ADDRESS 5150 NW 52ND PL  
2.4 CITY - ST - ZIP Ocala, FLTITLE TD  
NAME SNOW, OLEVY  
STREET ADDRESS RT 1, BOX 1542  
CITY - ST - ZIP ANTHONY FL3.1 TITLE D  
3.2 NAME SNOW, OLEVY  
3.3 STREET ADDRESS RT 1, BOX 1542  
3.4 CITY - ST - ZIP ANTHONY, FL 32617TITLE S  
NAME FAISON, MAE K  
STREET ADDRESS 17325 NE 25TH AVE.  
CITY - ST - ZIP CITRA FL 321134.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D  
NAME JACKSON, CLEVELAND  
STREET ADDRESS 7651 W. ANTHONY RD #86  
CITY - ST - ZIP Ocala FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE VD  
NAME TUGGERSON, BERNARD  
STREET ADDRESS 4215 N.W. HWY. 40  
CITY - ST - ZIP Ocala FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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 D. Surmons ELVIRA D. SURMONS 1/12/97 352-237-2111 X-3SP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Area 11170

CR2E037 (9/96)