

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
US

2930 SW 34TH PL  
GAINESVILLE FL 32608-2720  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 4528

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

30 34478

U.S.A.

9. Name and Address of Current Registered Agent

TUGGERSON, LILLIE  
4215 NORTHWEST HIGHWAY 40  
OCALA FL 32670

3. Date Incorporated or Qualified

07/27/1984

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000002553590--7

83

-06/09/98--01113--006

84

City

\*\*\*\*\*70.00 \$ \*\*\*\*\*70.00

FL

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

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME SURMONS, ELVIRA  
STREET ADDRESS 5150 N.W. 52ND PL  
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE VD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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) 6/13/98 353-629-0061

APPROVED  
AND  
FILED

98 JUN -5 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (10/97)