

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90010 035 ****70.00

DOCUMENT # N04402

1. Corporation Name

**PENTECOSTAL FULL GOSPEL CRUSADE OF JESUS CHRIST,
INC.**

Principal Place of Business

PENTECOSTAL FULL GOSPEL
NW 4TH ST
OCALA FL 34475
US

Mailing Address

P.O. BOX 4528
OCALA FL 34478
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

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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 ☐ DELETE

NAME DENNISON, CLEVELAND

STREET ADDRESS 2930 S.W. 34TH PLACE

CITY-STATE-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE

NAME SURMONS, ELVIRA

STREET ADDRESS 5150 N.W. 52ND PL

CITY-STATE-ZIP Ocala FL

TITLE D ☐ DELETE

NAME SNOW, OLEVY

STREET ADDRESS RT 1, BOX 1542

CITY-STATE-ZIP ANTHONY FL

TITLE S ☐ DELETE

NAME FAISON, MAE K

STREET ADDRESS 17325 NE 25TH AVE.

CITY-STATE-ZIP CITRA FL 32113

TITLE D ☐ DELETE

NAME JACKSON, CLEVELAND

STREET ADDRESS 7651 W. ANTHONY RD #66

CITY-STATE-ZIP Ocala FL

TITLE VD ☐ DELETE

NAME TUGGERSON, BERNARD

STREET ADDRESS 4215 N.W. HWY. 40

CITY-STATE-ZIP Ocala FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/24/99
1/19/99

237-2111, X13