

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04402

1. Entity Name

PENTECOSTAL FULL GOSPEL CRUSADE OF JESUS CHRIST,

Principal Place of Business

Mailing Address

PENTECOSTAL FULL GOSPEL  
NW 4TH ST  
OCALA FL 34475  
US

P.O. BOX 4528  
OCALA FL 34478-4528  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUGGERSON, LILLIE  
4215 NORTHWEST HIGHWAY 40  
OCALA FL 32670

Name

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

City

FL

Zip Code

8. 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

*Lillie Tuggerson* Lillie Tuggerson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/28/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bernard Tuggerson* BERNARD TUGGERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00

Date

237-2111X-1358

Daytime Phone #

KE

FILED  
00 SEP 29 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE