

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04402

**FILED**  
**Aug 31, 2004**  
**Secretary of State****Entity Name:** PENTECOSTAL FULL GOSPEL CRUSADE OF JESUS CHRIST, INC.**Current Principal Place of Business:**5105 N US HWY 441  
OCALA, FL 34475 US**New Principal Place of Business:****Current Mailing Address:**5105 N US HWY 441  
OCALA, FL 34475 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TUGGERSON, LILLIE  
5105 N US HWY 441  
OCALA, FL 34475 US**Name and Address of New Registered Agent:**TUGGERSON, LILLIE  
5105 N US HWY 441  
OCALA, FL 34475 US

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

08/31/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: TIGGERSON, BERNARD  
Address: 5105 N US HWY 441  
City-St-Zip: Ocala, FL 34475 USTitle: VD ( ) Delete  
Name: DENNISON, CLEVELAND  
Address: 5105 N US HWY 441  
City-St-Zip: Ocala, FL 34475 USTitle: STD ( ) Delete  
Name: SURMONS, ELVIRA  
Address: 5105 N US HWY 441  
City-St-Zip: Ocala, FL 34475 USTitle: D ( ) Delete  
Name: SNOW, OLEVY  
Address: 6335 NW 24TH AVE.  
City-St-Zip: Ocala, FL 34475Title: D ( ) Delete  
Name: JONES, BRENDA  
Address: 7930 SW 15TH PLACE  
City-St-Zip: Ocala, FL 34474Title: D ( ) Delete  
Name: JACKSON, CLEVELAND  
Address: 3640 NE 16TH AVE  
City-St-Zip: Ocala, FL 34479**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: SNOW, OLEVY  
Address: 6335 NW 24TH AVE  
City-St-Zip: Ocala, FL 34475Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIRA SURMONS

TD

08/31/2004

Electronic Signature of Signing Officer or Director

Date