2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# N04402

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:

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: _____

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 US	
Title:	VD	( ) Delete
Name:	DENNISON, CLEVELAND	
Address:	5105 N US HWY 441	
City-St-Zip:	OCALA, FL 34475 US	
Title:	STD	( ) Delete
Name:	SURMONS, ELVIRA	
Address:	5105 N US HWY 441	
City-St-Zip:	OCALA, FL 34475 US	
Title:	D	( ) Delete
Name:	SNOW, OLEVY	
Address:	6335 NW 24TH AVE	
City-St-Zip:	OCALA, FL 34475	
Title:	D	( ) Delete
Name:	JONES, BRENDA	
Address:	7930 SW 15TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) 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 STD 01/31/2005

Electronic Signature of Signing Officer or Director — Date