2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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: 59-2970478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 exemption stated in Chapter 119, 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 J SURMONS ADM 04/30/2009
Electronic Signature of Signing Officer or Director — Date