

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N19212** (2)

1. Corporation Name

**THE CHURCH OF PENTECOST, INC.**



Principal Place of Business

Mailing Address

8709 HOGAN RD  
P. O. BOX 551020  
JACKSONVILLE FL 32255  
US

8709 HOGAN RD  
P. O. BOX 551020  
JACKSONVILLE FL 32255  
US

3. Date Incorporated or Qualified

**02/12/1987**

3a. Date of Last Report

**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

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24

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4. FEI Number

**59-2380179**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRUM, MIKE  
2887 DICKIE CT  
JACKSONVILLE FL 32216**

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 date if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D CONWAY, RON**  
STREET ADDRESS **9550 BENT OAK CT**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **BYRUM, MIKE**  
STREET ADDRESS **2887 DICKIE CT**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D PEARL, EMILE**  
STREET ADDRESS **2030 ELAINA DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **P OLSON, FREDERICK WILLIAM**  
STREET ADDRESS **3523 BOATWRIGHT WAY, W.**  
CITY-ST-ZIP **JACKSONVILLE FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **S OLSON, ALEXA RENEE**  
STREET ADDRESS **3523 BOATWRIGHT WAY, W.**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D COLE, WILLIE**  
STREET ADDRESS **1753 CHANDELLER CIR E**  
CITY-ST-ZIP **JACKSONVILLE FL**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **DAVID M. BYRUM** David M. Byrum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

(904) 645-0153

Date

Daytime Phone #

CR2E037 (12/95)