

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19212

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: THE CHURCH OF PENTECOST, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2380179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRUM, MIKE  
8709 HOGAN ROAD  
JACKSONVILLE, FL 32216 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: D ( ) Delete  
Name: CONWAY, RON  
Address: 1532 AUSTIN LANE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: BYRUM, MIKE  
Address: 764 EAGLE POINT DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P ( ) Delete  
Name: OLSON, FREDERICK WIL, LIAM  
Address: 3523 BOATWRIGHT WAY, W.  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: OLSON, ALEXA RENEE,  
Address: 3523 BOATWRIGHT WAY., W.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: COLE, WILLIE  
Address: 1753 CHANDELLER CIR E  
City-St-Zip: JACKSONVILLE, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE BYRUM

T

03/02/2006

Electronic Signature of Signing Officer or Director

Date