

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19212

FILED
Feb 21, 2009
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: 323 JOHNS CREEK PKWY
City-St-Zip: SAINT 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 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

02/21/2009

Electronic Signature of Signing Officer or Director

Date