

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N28905

1. Entity Name
PENTECOSTAL CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
**624 NORTH 9TH STREET
PALATKA, FL 32177**

Mailing Address
**624 NORTH 9TH STREET
PALATKA, FL 32177**



02212007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2976982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARD, PAMELA T
224 HOLLY LANE
PALATKA, FL 32177**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela T. Ward Pamela T. Ward 2/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000650073
03/07/07-80076-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WARD, PAMELA T
224 HOLLY LANE
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
SHAW, JOHNNY L
RT 6 BOX 490
PALATKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELTON, JOHN
411 ASH STREET
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIDDLEBROOK, DORETHA
520 SOUTH 15TH STREET
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
WARD, ARTHUR L SR
224 HOLLY LANE
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela T. Ward Pamela T. Ward 2/21/07 (386) 328-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #