

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N33223

1. Entity Name
THE PENTACOSTAL CHURCH OF JESUS CHRIST IN THE
APOSTOLIC DOCTRINE, INC.



FILED

Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 048 ****70.00

1. Principal Place of Business MT HOSEY CHURCH RD ROBERTSVILLE COMMUNITY QUINCY, FL 32351 US		Mailing Address C/O SHELLY S. ROBINSON 1939 FLAGLER STREET QUINCY, FL 32351	
2. Principal Place of Business 639 Mt Hosea Church Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Quincy, FL		City & State	
Zip 32351	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GREEN, PATRICIA S 201 DUPONT AVE QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



08092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2959013
Applied For
Not Applicable

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

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

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, SHELLY S 1939 FLAGLER ST QUINCY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SHAW, MELANIE A 423 N. CORRY ST QUINCY, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, PATRICIA S RT 5 BOX 104 QUINCY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CARL J 314 SOUTH SHADOW ST QUINCY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shelly Robinson Shelly Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/04

(850) 627-7681

ext 207