

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

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

DOCUMENT # N33223

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



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.

08092004

Chg-NP

CR2E037 (10/03)

City & State

Quincy, FL

City & State

4. FEI Number
59-2959013

Applied For
Not Applicable

Zip
32351

Country
USA

Zip

Country

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, SHELLY S
1939 FLAGLER ST
QUINCY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREEN, PATRICIA S
RT 5 BOX 104
QUINCY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, CARL J
314 SOUTH SHADOW ST
QUINCY, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/P
SHAW, MELANIE A
423 N. CORRY ST
QUINCY, FL 32351** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
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D ☐ Change ☐ Addition

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
Date

(850) 627-7681
Daytime Phone # ext 207