

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90079 049 \*\*\*\*\*70.00

**DOCUMENT # N33223**

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



Principal Place of Business  
**639 MT HOSEA CHURCH RD  
QUINCY, FL 32351 US**

Mailing Address  
**C/O SHELLY S. ROBINSON  
1939 FLAGLER STREET  
QUINCY, FL 32351**

J0000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2959013**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, PATRICIA S  
201 DUPONT AVE  
QUINCY, FL 32351**

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 May 1, 2005**

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

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **201 DUPONT AVE**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **SHAW, MELANIE A**  
STREET ADDRESS **423 N CORRY ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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** **4/6/05** **850 627-7681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #