FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 23 PM 7:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N43837** **(6)**

1. Corporation Name

PENTECOSTAL COMMUNITY CHURCH OF GOD IN CHRIST, I NC.

Principal Place of Business	Mailing Address
C/O ELDER JIMMY D. JEFFERSON 5111 N PEARL ST JACKSONVILLE FL 32208	C/O ELDER JIMMY D. JEFFERSON 5111 N PEARL ST JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3127221 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 Elder Jimmy D. Jefferson
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1767 Daytona Lane
City & State 23	City & State 28 Jacksonville, Fl.
Zip 24 / Country 25	Zip 29 32218 / Country 30 DUVAL

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEFFERSON, JIMMY D. 5031 N PEARL ST JACKSONVILLE FL 32206	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	11 TITLE	TP	☐ Change ☒ Addition
NAME	JEFFERSON, JIMMY D.	12 NAME	Johnson Shelly	
STREET ADDRESS	5031 N PEARL ST	13 STREET ADDRESS	5342 DeVRON DR	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fl. 32206	
TITLE	T	21 TITLE	TR	☐ Change ☒ Addition
NAME	FELIX III, THOMAS	22 NAME	Johnson Ellerse	
STREET ADDRESS	1439 BRENTON RD.	23 STREET ADDRESS	5342 DeVRON Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fl. 32206	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	HOLLEY, TORCHA	32 NAME	T Holley Torcha	
STREET ADDRESS	619 E. 27TH ST.	33 STREET ADDRESS	619 E. 27th St	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville Fl.	
TITLE	T	41 TITLE	T	☐ Change ☒ Addition
NAME	JEFFERSON, ERNESTINE	42 NAME	Brooks, Laurette	
STREET ADDRESS	5031 N PEARL ST	43 STREET ADDRESS	4727 Ruckner Rd	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, Fl 32217	
TITLE		51 TITLE	TP	☒ Change ☐ Addition
NAME		52 NAME	Jefferson Jimmy D	
STREET ADDRESS		53 STREET ADDRESS	1767 Daytona Lane	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE		61 TITLE	T	☒ Change ☐ Addition
NAME		62 NAME	Jefferson Earnestine	
STREET ADDRESS		63 STREET ADDRESS	1767 Daytona Lane	
CITY-ST-ZIP		64 CITY-ST-ZIP	Jacksonville, Fl. 32216	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jimmy D Jefferson 5/23/95 904 353 1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000216