

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90183 022 \*\*\*\*70.00

**DOCUMENT # N43837**

1. Corporation Name

**PENTECOSTAL COMMUNITY CHURCH OF GOD IN CHRIST, I  
NC.**

Principal Place of Business

C/O ELDER JIMMY D. JEFFERSON  
5111 N PEARL ST  
JACKSONVILLE FL 32208

Mailing Address

C/O ELDER JIMMY D. JEFFERSON  
1767 DAYTONA LANE  
JACKSONVILLE FL 32218  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/12/1991

4. FEI Number

59-3127221

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JEFFERSON, JIMMY D  
1767 DAYTONA LN  
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TP ☐ DELETE

NAME JEFFERSON, JIMMY D.  
STREET ADDRESS 1767 DAYTONA LANE  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE T ☒ DELETE

NAME FELIX III, THOMAS  
STREET ADDRESS 1439 BRENTON RD.  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE T S ☐ DELETE

NAME JEFFERSON, TINA  
STREET ADDRESS 1767 DAYTONA LN  
CITY-STATE-ZIP JAX FL

TITLE T ☐ DELETE

NAME JEFFERSON, ERNESTINE  
STREET ADDRESS 1767 DAYTONA LANE  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE T ☒ DELETE

NAME JOHNSON, SHELLY  
STREET ADDRESS 5342 DEVRON DR  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE TR ☒ DELETE

NAME JOHNSON, ELLERSE  
STREET ADDRESS 5342 DEVRON RD  
CITY-STATE-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

T  
Laurette Brooks  
4127 Ruckner Rd.  
Jacksonville, FL 32201

T  
Melvena Warren  
5023 Pearl St. DB  
Jacksonville, FL 32208

T  
Linda Love  
140 W 44th St  
Jacksonville, FL 32208

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

904 3531272

Date

Daytime Phone #

CR2E037 (11/98)

0005712