

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 037 ****70.00

DOCUMENT # N43837

1. Entity Name

PENTECOSTAL COMMUNITY CHURCH, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3127221

Applied For

Not Applicable

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

JEFFERSON, JIMMY D
 1767 DAYTONA LN
 JACKSONVILLE FL 32218

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.

SIGNATURE

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

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TP	<input type="checkbox"/> Delete
NAME	JEFFERSON, JIMMY D.	
STREET ADDRESS	1767 DAYTONA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOKS, LAURETTE	
STREET ADDRESS	4727 RUCKNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEFFERSON, TINA	
STREET ADDRESS	1767 DAYTONA LN	
CITY-ST-ZIP	JAX FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEFFERSON, ERNESTINE	
STREET ADDRESS	1767 DAYTONA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARREN, MELVENA	
STREET ADDRESS	5023 PEARL ST #B	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOVE, LINDA	
STREET ADDRESS	140 W 44TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jefferson Jimmy D	
STREET ADDRESS	1767 Daytona LN	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jefferson Earnestine	
STREET ADDRESS	1767 Daytona, LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felix Thomas III	
STREET ADDRESS	1439 Borton Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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: Jimmy D. Jefferson RES: Jimmy D. Jefferson 5/21/01 904 3531272

CR2E037 (10/00)