

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90299 050 \*\*\*\*70.00

**DOCUMENT # N43837**

1. Entity Name

**PENTECOSTAL COMMUNITY CHURCH, INC.**

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  
 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

4. FEI Number

**59-3127221**

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

**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.

(NOTE: 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 ☐ Delete  
 NAME **TP**  
 STREET ADDRESS **JEFFERSON, JIMMY D.**  
 CITY-ST-ZIP **1767 DAYTONA LANE**  
**JACKSONVILLE FL**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **BROOKS, LAURETTE**  
 CITY-ST-ZIP **4727 RUCKNER RD**  
**JACKSONVILLE FL 32207**

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

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **JEFFERSON, TINA**  
 CITY-ST-ZIP **1767 DAYTONA LN**  
**JAX FL**

TITLE ☐ Change ☒ Addition  
 NAME **S. Lorraine Brooks**  
 STREET ADDRESS **4727 Ruckner Rd**  
 CITY-ST-ZIP **Jacksonville, Fl. 32207**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **JEFFERSON, ERNESTINE**  
 CITY-ST-ZIP **1767 DAYTONA LANE**  
**JACKSONVILLE FL**

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

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **WARREN, MELVENA**  
 CITY-ST-ZIP **5023 PEARL ST #B**  
**JACKSONVILLE FL 32208**

TITLE ☐ Change ☒ Addition  
 NAME **T. Rosetta Doe**  
 STREET ADDRESS **1462 W. 9th St.**  
 CITY-ST-ZIP **Jacksonville, Fl. 32209**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **JEFFERSON, JIMMY D**  
 CITY-ST-ZIP **1767 DAYTONA LANE**  
**JACKSONVILLE FL 32218**

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: *Jimmy D. Jefferson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-12-02** **904 353-1272**  
 Date Daytime Phone #

CR2E037 (9/01)