

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 023 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3127221	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

JEFFERSON, JIMMY D
1767 DAYTONA LN
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

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	S	<input type="checkbox"/> Delete
NAME	BROOKS, LORRAINE	
STREET ADDRESS	4727 RUCKNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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	DOE, ROSETTA	
STREET ADDRESS	1462 W 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FELIX, THOMAS II	
STREET ADDRESS	1439 BRETON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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: *Elder Jimmy D. Jefferson - Jimmy D. Jefferson* **4/25/04 - 904 353 1272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #