

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 049 *****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

20049402



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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
Due By May 1, 2005

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

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

TITLE **S/T**
NAME BROOKS, LORRAINE ☒ Delete
STREET ADDRESS 4727 RUCKNER RD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE **T**
NAME DOE, ROSETTA ☒ Delete
STREET ADDRESS 1462 W 9TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE **C**
NAME FELIX, THOMAS II ☐ Delete
STREET ADDRESS 1439 BRETON RD
CITY-ST-ZIP JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S/T** ☐ Change ☒ Addition
NAME Jackie Stephenson
STREET ADDRESS 7066 Wellard Rd.
CITY-ST-ZIP Jacksonville, FL 32209

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

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

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 Jimmy D. Jefferson 4/22-05 904 353 1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #