


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006238		
1. Entity Name HOLY GOSPEL PENTACOSTAL CHURCH, INC.		
Principal Place of Business 8160 BLUE STAR HWY. CHAFT, FL 32351	Mailing Address 123 LIBERTY RD QUINCY, FL 32351	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, EARL L 1000 E. NORTH DUVAL STREET TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, EARL L 1000 E NORTH DUVAL STREET TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, VIVIAN J 868 CAROLINA R SOUTH QUINCY, FL 32351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, EVA 123 LIBERTY RD QUINCY, FL 32351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Eva Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/10/06</u> Daytime Phone #: <u>850/442-6523</u>



07092006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3321779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

000000572419
07/27/06-80005-003 61.25