

1999

FEE IS \$61.25

FILED  
Jan 22, 1999 8:00am  
Secretary of State

NON-PROFIT Annual Report

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-22-1999 90035 010 \*\*\*\*\*70.00

DOCUMENT # N96000001448

1. Corporation Name  
PENTECOSTAL CHURCH OF GOD IN CHRIST, INC. OF PEN  
SACOLA

Principal Place of Business Mailing Address  
212 SOUTH "N" STREET 212 SOUTH "N" STREET  
PENSACOLA FL 32501 PENSACOLA FL 32501



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, JOHN D SR 212 SOUTH "N" STREET PENSACOLA FL 32501				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOHN D SR	1.2 NAME	
STREET ADDRESS	8346 SUNNY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT LEE	2.2 NAME	
STREET ADDRESS	2504 NORTH "N" STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHERINE	3.2 NAME	
STREET ADDRESS	1629 LEPLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32534	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, DONALD	4.2 NAME	
STREET ADDRESS	1916 NICOLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES	5.2 NAME	
STREET ADDRESS	8253 EL DORADO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLAUDIA	6.2 NAME	
STREET ADDRESS	3190 NORTH 10TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-6-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)