

FILE NOW: FILING FEE IS \$61.25

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Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mosham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # Pentecostal Church of God  
1. Corporation Name In Christ of Jacksonville, Inc.  
N96000005787

Principal Place of Business Mailing Address  
1668 Hiram Street  
Jacksonville, FL 32209

3. Date Incorporated or Qualified 11/13/96  
4. FFL Number 593436043 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
Dollie Mae Tucker  
1816 West 12th Street  
Jacksonville, FL 32209

10. Name and Address of New Registered Agent  
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 Dollie Mae Tucker DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PASTOR Eider Nathaniel Green
13 STREET ADDRESS	3423 Eagle Cove Road
14 CITY-ST-ZIP	Jax, FL 32218
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MANAGER Ronald Andres
23 STREET ADDRESS	2217 College Circle
24 CITY-ST-ZIP	Jax, FL 32209
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY Ruby Leah
33 STREET ADDRESS	1678 Seminary ST
34 CITY-ST-ZIP	Jax, FL 32209
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	REGISTER AGENT - overseer - DIRECTOR Dollie Mae Tucker
43 STREET ADDRESS	1816 W. 12th St
44 CITY-ST-ZIP	Jax, FL 32209
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Deacon JAMES TUCKER JR
53 STREET ADDRESS	1678 Seminary St
54 CITY-ST-ZIP	Jax, FL 32209
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400002545644
63 STREET ADDRESS	-06/03/98--01031--003
64 CITY-ST-ZIP	***70.00

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.

SIGNATURE: Dollie Mae Tucker Dollie MAE TUCKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)