

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005787

1. Entity Name

**PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVI**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90054 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1668 HIRAM STREET  
 JACKSONVILLE FL 32209

1668 HIRAM STREET  
 JACKSONVILLE FL 32209-6103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3436043**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, DOLLIE MAE**  
**1816 WEST 12TH STREET**  
**JACKSONVILLE FL 32209**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	GREEN, ELDER NATHANIE	
STREET ADDRESS	3423 EAGLE COVE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	MT	<input type="checkbox"/> Delete
NAME	ANDRES, RONALD	
STREET ADDRESS	2217 COLLEGE CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEACH, RUBY	
STREET ADDRESS	1678 SEMINARY STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE	DRAO	<input type="checkbox"/> Delete
NAME	TUCKER, DOLLIE MAE	
STREET ADDRESS	1816 WEST 12TH STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE	DD	<input type="checkbox"/> Delete
NAME	TUCKER, JAMES JR	
STREET ADDRESS	1678 SEMIRARY STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
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
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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:

*SIGNATURE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000 353.1620

CRE037 (9/99)