

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90035 029 ****61.25

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DOCUMENT # N96000005787

1. Entity Name

PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**1668 HIRAM STREET
 JACKSONVILLE FL 32209**

**1668 HIRAM STREET
 JACKSONVILLE FL 32209**

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

Ronald L. Andres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 1 2002

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	TUCKER, ELDER J	
STREET ADDRESS	1678 SEMINARY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	I	<input type="checkbox"/> Delete
NAME	GREEN, NATHANIE	
STREET ADDRESS	3423 EAGLE COVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
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 checked="" type="checkbox"/> Delete
NAME	TUCKER, JAMES JR	
STREET ADDRESS	1678 SEMINARY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	Ronald L Andres, DT	<input type="checkbox"/> Delete
NAME	Ronald L Andres, DT	
STREET ADDRESS	2216 So College	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

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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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:

Dollie Mae Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date Daytime Phone #

CR2E037 (9/01)