

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90025 039 ****61.25

DOCUMENT # N96000005787

1. Entity Name

**PENTECOSTAL CHURCH OF GOD IN CHRIST OF
JACKSONVILLE, INC.**



Principal Place of Business

**1668 HIRAM STREET
JACKSONVILLE FL 32209**

Mailing Address

**1668 HIRAM STREET
JACKSONVILLE FL 32209**

94040000

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**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME TUCKER, ELDER J
STREET ADDRESS 1678 SEMINARY ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE T
NAME GREEN, NATHANIE
STREET ADDRESS 3423 EAGLE COVE RD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE ST
NAME LEACH, RUBY
STREET ADDRESS 1678 SEMINARY STREET
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE DRAO
NAME TUCKER, DOLLIE MAE
STREET ADDRESS 1816 WEST 12TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE DT
NAME ANDRES, RONALD L
STREET ADDRESS 2216 S. COLLEGE
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Tucker, DRAO.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 904 353-1620