


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005787</b> 1. Entity Name <b>PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>1668 HIRAM STREET JACKSONVILLE FL 32209</b>	Mailing Address <b>1668 HIRAM STREET JACKSONVILLE FL 32209</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3436043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
<b>TUCKER, DOLLIE MAE 1816 WEST 12TH STREET JACKSONVILLE FL 32209</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 <input type="checkbox"/> Delete
NAME	TUCKER, ELDER J
STREET ADDRESS	1678 SEMINARY ST
CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	T <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	DT <input type="checkbox"/> Delete
NAME	ANDRES, RONALD L
STREET ADDRESS	2216 S. COLLEGE
CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000299149  
04/11/05-80096-020 \$1.25

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 Dollie Tucker April 4, 2005 904-353-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #