2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **N96000005787**

Principal Place of Business

PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVI LLE, INC.



1668 HIRAM STREET 1668 HIRAM STREET

FILED Mar 31, 2003 8:00 am **Secretary of State**

03-31-2003 90308 005 ****61.25

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JACKSONVILLE	E FL 32208	JACKSONVILLE FL 322	JACKSONVILLE FL 32209									
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & Stat	de	City & State	City & State			4. FEI Number 59-3436043 App					7	
Zip	Country	Zip	Count	Country					Not Applicable 8.75 Additional be Required			
	6. Name and Address of Curre			7. Name and Address of New Registered Agent						1		
				Name							1	
TUCKER, DOLLIE MAE 1816 WEST 12TH STREET JACKSONVILLE FL 32209				Street Address (P.O. Box Number is Not Acceptable)								
JACKSUI	NVILLE FL 32209		_	City	 			FL	Zip Code	Э	1	
	named entity submits this statementions of registered agent.	nt for the purpose of changing	g its registered	office or registe	ered agent	or both, in the	State of Florida	a. I am far	niliar with,	and accept		
CICALATUDE												
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (I	NOTE: Registered A	gent signature require	ed when reinsta	uting)		DATE		•		
	7 - 1										1	
FILE NOW: FEE IS \$61.25 9. Election Camp. Trust Fund Cor						\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	S/CHANGES	TO OFFICERS	AND DIRE	CTORS IN	10	1.	
TITLE	PT	☐ Delete TIT						[Change	☐ Addition	3	
NAME	TUCKER, ELDER J		NAME		1						15	
STREET ADDRESS CITY-ST-ZIP	1678 SEMIRARY ST JACKSONVILLE FL 32209			STREET ADDRESS : CITY-ST-ZIP							8	
TITLE	T	☐ Delete	TITLE		1.				Change	Addition	18	
NAME .	GREEN, NATHANIE	L Dische	NAME								10	
STREET ADDRESS	3423 EAGLE COVE RD		STREET A	ADDRESS	}							
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST	-ZIP	<u>. į . </u>						1	
TITLE	ST LEACH BUDY	☐ Delete	TITLE					(☐ Change	☐ Addition		
NAME STREET ADDRESS:	LEACH, RUBY 1678 SEMINARY STREET	يناه مارسي المناسبات المناسبات المناسبات	NAME	NDDRESS	***************************************		محمد محسستم شمخ		محمد		-	
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST									
TITLE	DRAO	☐ Delete	TITLE		-			[Change	Addition	1	
NAME	TUCKER, DOLLIE MAE		NAME		-							
STREET ADDRESS	1816 WEST 12TH STREET			ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL 32209		CiTY-ST	-ZIP				 -			-	
TITLE	DT Andres, ronald L	☐ Delete	TITLE					Į	Change	Addition		
NAME Street address	2216 S. COLLEGE		NAME STREET	ADDRESS	Ì						1	
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST	- 1								
TITLE		Delete	TITLE		i			Г] Change	Addition	1	
NAME			NAME					•				
STREET ADDRESS			STREET A									
CITY-ST-ZIP			CITY-ST	-ZIP								

12. I hereby certify that the information supplied with this filling 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 REQUIRED

lie M. Tucker