

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 02 1998 8:00am  
Secretary of State

DOCUMENT # N97000000834 (8)

1. Corporation Name

PENTECOSTAL CHURCH OF GOD IN CHRIST UNITED INC.

Principal Place of Business

1326 W 9TH ST  
JACKSONVILLE FL 32209

Mailing Address

1326 W 9TH ST  
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

21 1326 W 9TH STREET

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FLORIDA

Zip 32209

Country

2a. Mailing Address

26 2914 BEGONIA RD

Suite, Apt. #, etc.

City & State

28 JACKSONVILLE, FLORIDA

Zip 32209

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WESLEY, EDDIE JR  
2545 W 25TH ST  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ASST. PASTOR  
1.2 NAME ARBIE CLARK SR.  
1.3 STREET ADDRESS 638 LINWOOD AVE.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32209

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE T MISSIONARY YOUTH MO.  
3.2 NAME SYLVIA D. JENNINGS  
3.3 STREET ADDRESS 2433 AUBREY AVE.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32208

☐ Change ☐ Addition

4.1 TITLE T GENERAL MOTHER  
4.2 NAME VIVIAN BRADLEY  
4.3 STREET ADDRESS 2914 BEGONIA RD.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32209

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE T  
6.2 NAME ERIC WESLEY  
6.3 STREET ADDRESS 10639 NORTHWICK DR  
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32209

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

764-1552

CR2E037 (5/98)