04-01-1999 90111 026 0125 / 04-02-1999 90006 017 .. 6145

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

A.F.

FILED
99 OCT -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000834

1. Corporation Name
PENTECOSTAL CHURCH OF GOD IN CHRIST UNITED INC.

Principal Place of Business	Mailing Address
1326 W 9TH ST JACKSONVILLE FL 32209	2914 BEGONIA RD JACKSONVILLE FL 32209 US

2. Principal Place of Business 21	2a. Mailing Address 26 1326 W 9th ST	3. Date Incorporated or Qualified 02/14/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3596915 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville, Fl	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32209 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LeAnthony E. Wright
82 Street Address (P.O. Box Number is Not Acceptable): 834 Magic Cove LN
83
84 City: Jacksonville FL 85 Zip Code: 32218

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: LeAnthony E. Wright 9/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DAP	☒ DELETE	1.1 TITLE	C4	☐ Change ☒ Addition
NAME	CLARK, ARBIE SR		1.2 NAME	LeANTHONY E. WRIGHT	
STREET ADDRESS	638 LINWOOD AVE		1.3 STREET ADDRESS	834 Magic Cove	
CITY-ST-ZIP	JACKSONVILLE FL 3220		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	TMYN	☐ DELETE	2.1 TITLE	TR	☐ Change ☐ Addition
NAME	JENNINGS, SYLVIA D		2.2 NAME	Sylvia D. Jennings	
STREET ADDRESS	2433 AUBREY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP		
TITLE	TGM	☐ DELETE	3.1 TITLE	VTVIAT	☐ Change ☐ Addition
NAME	BRADLEY, VIVIAN		3.2 NAME	BRADLEY	
STREET ADDRESS	2914 BEGONIA RD		3.3 STREET ADDRESS	2914 Begonia	
CITY-ST-ZIP	JACKSONVILLE FL 32209		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	☐ DELETE	4.1 TITLE	TR	☒ Change ☐ Addition
NAME	WESLEY, ERIC		4.2 NAME	Eric West	
STREET ADDRESS	10639 NORTHWYICK DR		4.3 STREET ADDRESS	10639 Northwyick Drive	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Fl 322 32208	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	TS	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: [illegible] **SIGNATURE REQUIRED** 8/30/99 904 751-6794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #