

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

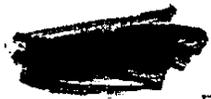
FILED
Apr 21, 2002 8:00 am
Secretary of State

03-19-2002 90029 036 ****70.00

DOCUMENT # NA 1000000834

1. Entity Name
Pentecostal Church of God in Christ United Inc

DO NOT WRITE IN THIS SPACE



24141

2. Principal Place of Business <u>1326 W 9th Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>1326 W 9th Street</u> Suite, Apt. #, etc.	
City & State <u>Jacksonville Fla 32209</u>		City & State <u>Jacksonville Fla</u>	
Zip	Country	Zip	Country
		<u>Dural</u>	

DO NOT WRITE IN THIS SPACE

4. FEI-Number <u>59-3596915</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent
Name Elder Dennis L Goodman
Street Address (P.O. Box Number is Not Acceptable)
7072 Cheshire Ct Ct
City Jacksonville FL Zip Code 32209

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.
SIGNATURE Dennis L Goodman DATE 4-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dennis L Goodman</u> <u>7072 Cheshire Ct Ct</u> <u>Jacksonville Fla 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sylvia D Jennings</u> <u>2433 Aubrey Ave</u> <u>Jacksonville Fla 32208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vivian Bradley</u> <u>2914 Begonia</u> <u>Jacksonville Fla 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.
SIGNATURE: Pastor Dennis L Goodman DATE 2 28 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #