NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P11313

1. Corporation Name

THE PENTECOSTAL CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 392 WINTER HAVEN FL: 33882

P.O. BOX 392 WINTER HAVEN FL 33882

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90085 031 ****61.25 04-01-1999 90085 032 *****8.75

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 09/03/1986	**		
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2375694	<u> </u>	plied For	
22	27				59-23/5094		t Applicable
City & State	City & State City & State				5. Certificate of Status Desired	\$8.75 A	
23	28						
Zip	· / /		Country	,	6. Election Campaign Financing	\$5.00	
24	25 29 30		<u> </u>	Trust Fund Contribution Added to		o Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
				Name			
RAWLS, CURTIS				82 Street Address (P.O. Box Number is Not Acceptable)			
5135 NESMITH ROAD				83			
PLANT CITY FL 33567							•
			84	City		(85 Zip C	
				•		FL	
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) OATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DUREN, WILLIAM		1.2 NAME	}			1
STREET ADDRESS	20793 REIMANVILLE		1.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	FERNDALE MI		1.4 CITY-ST	-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME .	SHELL, MADISON		2.2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1
STREET ADDRESS	15909 COYLE AVE.	- ,	2.3 STREET	ADDRESS		-	
CITY-ST-ZIP	DETROIT MI		2. 4 CITY-S	T-ZIP			į
TITLE	TD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	GILLIAM, JUNIOR		3.2 NAME]]
STREET ADDRESS			3.3 STREET	ADDRESS			
	BEED OF AN		3.4. CITY-S				
CITY-ST-ZIP	D D	DELETE 4.1T		1-211		☐ Change	☐ Addition
NAME	RAWLS, CURTIS	4,21				_ ·	
į.	THE PARTY OF THE P		4.3 STREET	ADDOCCO		•	
STREET ADDRESS	DI ANTE OFFICE						· /
CITY-ST-ZIP	PLANT CITT FL	☐ DELETE	4.4 CITY-ST 5.1 TITLE	-212		Change	Addition
TITLE			5.2 NAME				
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-ST	1	•		ĺ
CITY-ST-ZIP		DELETE 6.1T		-211		☐ Change	Addition
TITLE							
NAME			6.2 NAME	*Depres			İ
STREET ADDRESS			6.3 STREET	- 1			
CITY-ST-ZIP	·	All the second s	64 CITY-ST		Section 119 07/3/(i) Florida Statutes I f	for the second for th	

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.



941-294-4319