

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P11313

1. Entity Name

THE PENTECOSTAL CHURCH OF GOD, INC.



FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 392
WINTER HAVEN FL 33882

Mailing Address

P.O. BOX 392
WINTER HAVEN FL 33882



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2375694

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, CHARLES SR.
100 DEACON JONES BLVD
ORLANDO FL 32810

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: DUREN, WILLIAM
STREET ADDRESS: 20793 REIMANVILLE
CITY-STATE-ZIP: FERNDALE MI

TITLE: SD ☐ Delete
NAME: SHELL, MADISON
STREET ADDRESS: 15909 COYLE AVE.
CITY-STATE-ZIP: DETROIT MI

TITLE: TD ☐ Delete
NAME: GILLIAM, JUNIOR
STREET ADDRESS: 16212 SAN JUAN AVE.
CITY-STATE-ZIP: DETROIT MI

TITLE: D ☐ Delete
NAME: WILSON, CHARLES SR
STREET ADDRESS: 100 DEACON JONES BLVD.
CITY-STATE-ZIP: ORLANDO FL 32810

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000680373
04/03/07-80075-013 70.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Bishop Charles Wilson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

863-294-4008