


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005787 (4)**

1. Corporation Name

**PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

**1668 HIRAM STREET  
JACKSONVILLE FL 32209**

**1668 HIRAM STREET  
JACKSONVILLE FL 32209-6103**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
**11/13/1996**

3a. Date of Last Report

4. FEI Number

**59-3436043**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKER, DOLLIE MAE  
1816 WEST 12TH STREET  
JACKSONVILLE FL 32209**

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>Elder Nathaniel Green, Pastor</b>
STREET ADDRESS	<b>Eagle Cove Rd. 32218</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>JAMES TUCKER JR Deacon</b>
STREET ADDRESS	<b>1678 SEMINARY ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>RONALD ANDRES. BUSINESS MANAGER</b>
STREET ADDRESS	<b>2217 SOUTH COLLEGE CIRCLE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>Ruby Leach Secretary</b>
STREET ADDRESS	<b>1678 SEMINARY ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOLLIE MAE TUCKER</b>
STREET ADDRESS	<b>1816 West 12th St</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

*Dollie Tucker* 4/4/97 353.1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006182

CR2E037 (9/96)