


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

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90181 033 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N96000005787</b><br>1. Entity Name<br><b>PENTECOSTAL CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>1668 HIRAM STREET<br/>JACKSONVILLE FL 32209</b>   |  | Mailing Address<br><b>1668 HIRAM STREET<br/>JACKSONVILLE FL 32209</b>   |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  | 4. FEI Number<br><b>59-3436043</b>   |  |
| Zip   |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>TUCKER, DOLLIE MAE<br/>1816 WEST 12TH STREET<br/>JACKSONVILLE FL 32209</b>   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                 |  |   |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PT<br>TUCKER, ELDER J<br>1678 SEMINARY ST<br>JACKSONVILLE FL 32209           | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br>GREEN, NATHANIE<br>3423 EAGLE COVE RD<br>JACKSONVILLE FL 32218          | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>TUCKER, RUBY<br>1678 SEMINARY STREET<br>JACKSONVILLE FL 32209          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DRAO<br>TUCKER, DOLLIE MAE<br>1816 WEST 12TH STREET<br>JACKSONVILLE FL 32209 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DT<br>ANDRES, RONALD L<br>2216 S. COLLEGE<br>JACKSONVILLE FL 32209           | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |



1st MOORE CR2E037 (10/06)

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:** *Dollie M. Tucker* **Dollie M. Tucker** **April 17, 2007 (904) 353-1620**