

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04402

Entity Name: PENTECOSTAL FULL GOSPEL WORSHIP CENTER, INC.**Current Principal Place of Business:**5105 N US HWY 441
OCALA, FL 34475**Current Mailing Address:**5105 N US HWY 441
OCALA, FL 34475 US**FEI Number:** 59-2970478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TILLMAN, VERNA
5105 NORTH US HIGHWAY 441
OCALA, FL 34475 US*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:** VERNA TILLMAN

04/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TUGGERSON, LILLIE
Address 5971 NE 57TH LOOP
City-State-Zip: SILVER SPRINGS FL 34488

Title ADMINISTRATOR
Name TILLMAN, VERNA
Address 5105 N US HWY 441
City-State-Zip: OCALA FL 34457

Title DIRECTOR
Name MCCRAY, GLADYS
Address 1350 NW 46TH PLACE
City-State-Zip: OCALA FL 34475

Title DIRECTOR
Name BEARD, ROOSEVELT D DEACON
Address 2320 W FT KING ST
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name PERRY, CHARLES ELDER
Address 4890 SW 110TH ST
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name OLIVER, OTIS ELDER
Address 4827 SE 11TH PLACE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name PETERSON-GAINES, CHERYL
PROPHETESS
Address 2025 NW 38TH PLACE
City-State-Zip: OCALA FL 34475

Title VP
Name TUGGERSON, BERNARD JR
Address 5539 SW 83RD LANE
City-State-Zip: OCALA FL 34476

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERNA TILLMAN**ADMINISTRATOR**

04/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BEARD, MICHAEL
Address 8209 SW 1ST PLACE
City-State-Zip: GAINESVILLE FL

Title DIRECTOR
Name JOHNSON, MICHAEL
Address 5105 N US HWY 441
City-State-Zip: OCALA FL 34475

Title DIRECTOR
Name SNOWDEN, BENJAMIN
Address 1330 NE 37TH LANE
City-State-Zip: OCALA FL 34479