

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19212

Entity Name: THE CHURCH OF PENTECOST, INC.**Current Principal Place of Business:**8709 HOGAN RD
JACKSONVILLE, FL 32216**Current Mailing Address:**8709 HOGAN RD
JACKSONVILLE, FL 32216 US**FEI Number: 59-2380179****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYRUM, MIKE
8709 HOGAN ROAD
JACKSONVILLE, FL 32216 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	CONWAY, RON
Address	9626 WEXFORD CHASE RD
City-State-Zip:	JACKSONVILLE FL 32257

Title	T
Name	BYRUM, MIKE
Address	764 EAGLE POINT DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	P
Name	OLSON, FREDERICK WILLIAM
Address	3523 BOATWRIGHT WAY, W.
City-State-Zip:	JACKSONVILLE FL

Title	S
Name	OLSON, ALEXA RENEE
Address	3523 BOATWRIGHT WAY., W.
City-State-Zip:	JACKSONVILLE FL

Title	D
Name	COLE, WILLIE
Address	1753 CHANDELIER CIR E
City-State-Zip:	JACKSONVILLE FL 32225

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: D. M. BYRUM**TREASURER****01/31/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date