

2020 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 32257Title P
Name OLSON, FREDERICK WILLIAM
Address 3523 BOATWRIGHT WAY, W.
City-State-Zip: JACKSONVILLE FLTitle D
Name COLE, WILLIE
Address 1753 CHANDELIER CIR E
City-State-Zip: JACKSONVILLE FL 32225Title T
Name BYRUM, MIKE
Address 4398 RICHMOND PARK DR E
City-State-Zip: JACKSONVILLE FL 32224Title S
Name OLSON, ALEXA RENEE
Address 3523 BOATWRIGHT WAY., W.
City-State-Zip: JACKSONVILLE FL

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: MIKE BYRUM**TREASURER****02/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date