

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707451 (1)  
1. Corporation Name  
FULL GOSPEL ASSEMBLY, INC.



Principal Place of Business: 7803 UNIVERSITY BLVD WINTER PARK FL 32792  
Mailing Address: 7803 UNIVERSITY BLVD WINTER PARK FL 32792

3. Date Incorporated or Qualified: 06/17/1964  
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 58-0059307  
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: MONTECALVO, RICHARD L, 1460 PELICAN BAY TRAIL, WINTER PARK FL 32792

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	D
NAME	WIDANY, BEVERLY	1.2 NAME	RYAN, BOB
STREET ADDRESS	6653 BRICKELL COURT	1.3 STREET ADDRESS	273 N. Lake JESSUP DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL
TITLE	D	2.1 TITLE	
NAME	MCMILLAN, STEVE	2.2 NAME	
STREET ADDRESS	430 EAST 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	BLANCHARD, ELLEN	3.2 NAME	
STREET ADDRESS	2543 EASTBROOK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOOTH, KEITH	4.2 NAME	
STREET ADDRESS	1806 AMBERLY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	D'ANGELO, SAL	5.2 NAME	
STREET ADDRESS	956	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	MONTECALVO, RICHARD L	6.2 NAME	
STREET ADDRESS	1460 PELICAN BAY TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ellen L. Blanchard* 4/5/96 (407) 831-6168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Ellen L. Blanchard, Treasurer

CR2E037 (12/95)