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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

7803 UNIVERSITY BLVD
WINTER PARK FL 32792

7803 UNIVERSITY BLVD
WINTER PARK FL 32792-8820

3. Date Incorporated or Qualified
06/17/1964

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

58-0059307

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

MONTECALVO, RICHARD L
1460 PELICAN BAY TRAIL
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WIDANY, BEVERLY | 1.2 NAME | RODNEY SCOTT |
| STREET ADDRESS | 6653 BRICKELL COURT | 1.3 STREET ADDRESS | 1555 INDIAN SUMMER LANE |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RYAN, BOB | 5.2 NAME | |
| STREET ADDRESS | 273 N. LAKE JESSUP DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTECALVO, RICHARD L | 6.2 NAME | 500002144585 |
| STREET ADDRESS | 1460 PELICAN BAY TR | 6.3 STREET ADDRESS | -04/16/97--01006--003 |
| CITY-ST-ZIP | WINTER PARK FL | 6.4 CITY-ST-ZIP | ***61.21 |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BLANCHARD *Ellen Blanchard* 4-5-97 (407)831-668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015504