

FILE NOW: FILING FEE IS \$61.25

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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified 06/17/1964		
4. FEI Number 58-0059307	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WIDANY, BEVERLY
STREET ADDRESS	6653 BRICKELL COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCMILLAN, STEVE
STREET ADDRESS	430 EAST 4TH STREET
CITY-ST-ZIP	CHULUOTA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BLANCHARD, ELLEN
STREET ADDRESS	2543 EASTBROOK BLVD
CITY-ST-ZIP	WINTER PARK, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SCOTT, RODNEY
STREET ADDRESS	1555 INDIAN SUMMER LANE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	D <input type="checkbox"/> DELETE
NAME	RYAN, BOB
STREET ADDRESS	273 N. LAKE JESSUP DR.
CITY-ST-ZIP	QVIEDO FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MONTECALVO, RICHARD L
STREET ADDRESS	1460 PELICAN BAY TR
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCIMECA, KAREN
1.3 STREET ADDRESS	1974 RIVER PARK BLVD.
1.4 CITY-ST-ZIP	ORLANDO, FL 32817
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCIMECA, MARK
2.3 STREET ADDRESS	1974 River Bend Blvd.-Orlando, FL 32817
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Karen Scimeca REQL Karen Scimeca 1/6/98 (407)281-0907

CR2E037 (10/97)