

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90181 024 ****61.25

DOCUMENT # 707451
 1. Entity Name
FULL GOSPEL ASSEMBLY, INC.

Principal Place of Business 7803 UNIVERSITY BLVD WINTER PARK FL 32792	Mailing Address 7803 UNIVERSITY BLVD WINTER PARK FL 32792-8820
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-0059307	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MONTECALVO, RICHARD L
1460 PELICAN BAY TRAIL
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	SCIMECA, KAREN
STREET ADDRESS	1974 RIVER PARK BLVD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> Delete
NAME	SCIMECA, MARK
STREET ADDRESS	1974 RIVER BEND BLVD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	T <input type="checkbox"/> Delete
NAME	BLANCHARD, ELLEN
STREET ADDRESS	2543 EASTBROOK BLVD
CITY-ST-ZIP	WINTER PARK, FL 00000
TITLE	D <input checked="" 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	OVIEDO FL
TITLE	P <input type="checkbox"/> Delete
NAME	MONTECALVO, RICHARD L
STREET ADDRESS	1460 PELICAN BAY TR
CITY-ST-ZIP	WINTER PARK FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTECALVO, RICHARD L. JR.
STREET ADDRESS	765 JORDAN COURT
CITY-ST-ZIP	OVIEDO, FL. 32765
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, KEITH
STREET ADDRESS	573 RACHAEL COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCE, JOSEPH
STREET ADDRESS	3601 WIMBLEDON DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN BLANCHARD *Ellen Blanchard* **3/19/00** **407-320-1313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #