

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707451

**FILED
Apr 05, 2004
Secretary of State**

Entity Name: FULL GOSPEL ASSEMBLY, INC.

Current Principal Place of Business:

7803 UNIVERSITY BLVD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

7803 UNIVERSITY BLVD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 58-0059307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JAHANGIR, RETHA
Address: 8301 REVEILLE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: BOOTH, KEITH
Address: 573 RACHAEL CT.
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: BLANCHARD, ELLEN,
Address: 2543 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 00000,

Title: D () Delete
Name: MONTECALVO, RICHARD L JR
Address: 765 JORDAN COURT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BOOTH, LEWIS T
Address: 7365 GRAND AVE
City-St-Zip: WINTER PARK, FL 32792

Title: P () Delete
Name: MONTECALVO, RICHARD, L
Address: 1460 PELICAN BAY TR
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELLEN R. BLANCHARD

T

04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date