

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# 707451

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 SR
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: KAYE, MATY BETH
Address: 5370 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32792

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 32792

Title: D () Delete
Name: MONTECALVO, RICHARD L JR
Address: 1221 LAKE MILLS ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: WAINWRIGHT, LAWRENCE
Address: 2605 MARTZ CT.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: RYAN, ROBERT
Address: 273 LAKE JESSUP AVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: KAYE, MARY BETH
Address: 5370 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32792

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCOTT, NORRIS
Address: 4014 BOLINAS CT.
City-St-Zip: ORLANDO, FL 32917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 BLANCHARD

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date