FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:23

DOCUMENT # 731066 (7)

1. Corporation Name

FULL GOSPEL TABERNACLE OF OAK HILL, FLORIDA, INC

Principal Place of Business	Mailing Address
159 NORTH GAINS STREET OAK HILL FL 32759	%ALVIN E. FUTCH P.O. BOX 332 OAK HILL FL 32759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1974
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2774417 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DAY, JAMES C.
314 HART STREET
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	DAY, MARY E.	1.2 NAME	
STREET ADDRESS	314 HART ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	FUTCH Vera E. 216 Adams St. Oak Hill FL 32759
TITLE	PD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DAY, JAMES C.	2.2 NAME	
STREET ADDRESS	314 HART STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	Futch Archie M. 402 Ward Dr. Oak Hill FL 32759
TITLE	STD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	CLARK, MILDRED H.	3.2 NAME	
STREET ADDRESS	833 DOUGHERTY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	Futch Alvin E. 216 Adams St. Oak Hill FL 32759
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GROSS, FRANCES	4.2 NAME	
STREET ADDRESS	145 N. FIRST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	4.4 CITY-ST-ZIP	Futch Grace E. 402 Ward Dr. Oak Hill FL 32759
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REDDING, TAMMY	5.2 NAME	
STREET ADDRESS	30TH BEAVER BROOK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 0	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Tammy Redding Tammy Redding 2-9-95 (904) 345-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031084