

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739825

1. Entity Name

FULL GOSPEL ASSEMBLY CHURCH, INC.

FILED

Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90016 011 ****61.25

Principal Place of Business

Mailing Address

2707 SILVER LAKE DRIVE
PALATKA FL 32177
US

2707 SILVER LAKE DRIVE
PALATKA FL 32177
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1775426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSLEY, THELMA
2707 SILVER LAKE DRIVE
PALATKA FL 32177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HENSLEY, THELMA M.
STREET ADDRESS 2707 SILVER LAKE DRIVE
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HENSLEY, JOHN H.
STREET ADDRESS 2707 SILVER LAKE DR
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CLARK, SARAH R
STREET ADDRESS 316 TARPON BLVD
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Thelma M. Hensley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2001 388-5554

CR2E037 (9/01)