

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90201 047 \*\*\*\*80.00

**DOCUMENT # N01000007395**

1. Entity Name

T.H.E. FULL CORNERSTONE GOSPEL CHURCH INC.



Principal Place of Business

1534 SE 1ST AVE  
GAINESVILLE FL 32653

Mailing Address

6331 NW 32ND ST  
GAINESVILLE FL 32653-1345

2. Principal Place of Business

1534 SE 1st Ave  
Suite, Apt. #, etc.

3. Mailing Address

6331 NW 32nd Street  
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3465936

Applied For

Not Applicable

Zip

32641

Country

Alachua

Zip

32653-1345

Country

Alachua

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, CLARENCE SR, REV  
6331 NW 32ND STREET  
GAINESVILLE FL 32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

\* Rev. Clarence Jenkins Sr.

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, CLARENCE S REV	
STREET ADDRESS	6331 NW 32ND ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JENKIN, MYRA L	
STREET ADDRESS	6331 NW 32ND ST.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, LAWANNA	
STREET ADDRESS	P.O. BOX 1214	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS, RUTHAS	
STREET ADDRESS	1221 NE 6TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAYSON, MINNIE	
STREET ADDRESS	740 NE 23RD AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	T	<input type="checkbox"/> Delete
NAME	Lucille Jones Stacey	
STREET ADDRESS	6331 NW 32nd Street	
CITY-ST-ZIP	GAINESVILLE FL 32653-1345	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucille Jones Stacey	
STREET ADDRESS	6331 NW 32nd Street	
CITY-ST-ZIP	GAINESVILLE FL 32653-1345	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

\* Rev. Clarence Jenkins Sr. 352-376-0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone