2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007395

FILED Apr 07, 2009 Secretary of State

Entity Name: T.H.E. FULL CORNERSTONE GOSPEL CHURCH INC.

Current P	Principal Place o	of Business:	New Princ	ipal Place of Business:
6107 N.E.	. 59TH STREET ILLE, FL 32641	US		
Current M	Mailing Address	:	New Mailir	ng Address:
	. 32ND STREET ILLE, FL 32653	US		
FEI Number	: 59-3465936	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired (X)
Name and	d Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:
6331 NW	CLARENCE SF 32ND STREET ILLE, FL 32653	R US		
	e named entity su e of Florida.	bmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,
SIGNATU	RE:			
	Electronic	Signature of Registered Agen	t	Date
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () E JENKINS, CLARE 6331 NW 32ND S GAINESVILLE, FI	ST	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	DT () E JENKINS, MYRA 6331 NW 32ND S GAINESVILLE, FI	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E BLAKE, JOHNNIE 304 NE 47TH TEI GAINESVILLE, FI	RRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	S () C ELLIS, RUTHAS 1221 NE 6TH AVI GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	S (X) Change () Addition ELLIS, RUTHA S 1221 NE 6TH AVE GAINESVILLE, FL 32641 US
Title: Name: Address: City-St-Zip:	T () E ELLISS, MRBILL 1221 N.E. 6TH AV GAINESVILLE, FI	/E	Title: Name: Address: City-St-Zip:	T (X) Change () Addition ELLIS, BILLIE N 1221 N.E. 6TH AVE GAINESVILLE, FL 32641 US
Title: Name: Address: City-St-Zip:	T () E JONES STACEY, 6331 NW 32ND S GAINESVILLE, FI	ST	Title: Name: Address: City-St-Zip:	T (X) Change () Addition FRAZIER, JACKIE 3461 SW 2ND AVE #444 GAINESVILLE, FL 32607 US

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: CLARENCE JENKINS, SR. D 04/07/2009