

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008526

FILED  
Mar 24, 2011  
Secretary of State

Entity Name: FULL GOSPEL CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

159 N. GAINES STREET  
OAK HILL, FL 32759 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 125  
OAK HILL, FL 32759 US

**New Mailing Address:**

FEI Number: 27-1502437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VANORSDALE, CHARLES R  
159 N. GAINES STREET  
OAK HILL, FL 32759 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: P  
Name: VANORSDALE, CHARLES R  
Address: 12105 NEWPORT SOUND PL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S/T  
Name: VANORSDALE, JOAN E  
Address: 12105 NEWPORT SOUND PL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D  
Name: DAY, MICHAEL  
Address: 1523 JUNIPER DRIVE  
City-St-Zip: EDGEWATER, FL 32132

Title: D  
Name: FUTCH, ARCHIE  
Address: 402 WARD DRIVE  
City-St-Zip: OAK HILL, FL 32759 US

Title: D  
Name: OGLESBY, HAROLD ROBERT  
Address: 445 PERDITA  
City-St-Zip: EDGEWATER, FL 32132 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES R. VANORSDALE

REV.

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date