


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT #N18758 1. Entity Name FULL GOSPEL FAITH FELLOWSHIP CHURCH, INC.	
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Principal Place of Business 3009 LAURESSA LN. ORLANDO, FL 32805	Mailing Address 3009 LAURESSA LN. ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



08302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2744191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, JAMES OTIS, SR. 801 29TH STREET ORLANDO, FL 32806
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, JAMES OTIS 7121 MINIPPI DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, CARETHA EVANS 2631 MONTE CARLO TRAIL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUNTAIN, WILLIAM 2921 CLEAR WAY ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPkins, MICHEAL 2836 MESSINA AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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09/02/04-80002-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Dauntain **William DAUNTAIN** **8-31-04** **407-648-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #