


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # NT8758  
 1. Entity Name  
 FULL GOSPEL FAITH FELLOWSHIP CHURCH, INC.



Principal Place of Business      Mailing Address  
 3009 LAURESSA LN.      3009 LAURESSA LN.  
 ORLANDO, FL 32805      ORLANDO, FL 32805

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2744191      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BROWN, JAMES OTIS, SR.  
 801 29TH STREET  
 ORLANDO, FL 32806

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN, JAMES OTIS
STREET ADDRESS	7121 MINIPPI DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	BROWN, CARETHA EVANS
STREET ADDRESS	2631 MONTE CARLO TRAIL
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	DAUNTAIN, WILLIAM
STREET ADDRESS	2921 CLEAR WAY
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	THOMPkins, MICHEAL
STREET ADDRESS	2836 MESSINA AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/16/05-80046-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: William M. Dunt      2/13/5      Date      Day/Time Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR