


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N18758
 1. Entity Name
FULL GOSPEL FAITH FELLOWSHIP CHURCH, INC.



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

Mailing Address
**3009 LAURESSA LN.
 ORLANDO, FL 32805**

DO NOT WRITE IN THIS SPACE



02262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2744191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 title if applicable. (NOTE: Registered Agent signature required when re-creating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

000000472477
 03/29/06-80038-008 61.25

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Dauntain **2-26-06** **407-648-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #