


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 044 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2744191	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, JAMES OTIS, SR. 801 29TH STREET ORLANDO, FL 32806			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, JAMES OTIS	NAME	Brown, James Jr		
STREET ADDRESS	7421 MINNIPPI DR 2631 MONTE CARLO TR	STREET ADDRESS	7121 MINNIPPI DR		
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	ORLANDO, FL 32818		
TITLE	DV <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, CARETHA EVANS	NAME	PATTERSON, ALBERTHA		
STREET ADDRESS	2631 MONTE CARLO TRAIL	STREET ADDRESS	1097 HAMLET COURT		
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	MAITLAND, FL 32571		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAUNTAIN, WILLIAM	NAME	COOPER, ISABELLE		
STREET ADDRESS	2921 CLEAR WAY	STREET ADDRESS	2684 GRAPEVINE CREST		
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	OCOGEE, FL 34761		
TITLE	D <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, MICHEAL	NAME	BROWN, JAMES OTIS		
STREET ADDRESS	2836 MESSINA AVE	STREET ADDRESS	2631 MONTE CARLO TRAIL		
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	ORLANDO, FL 32805		
TITLE	<input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	BROWN, CARETHA EVANS		
STREET ADDRESS		STREET ADDRESS	2631 MONTE CARLO TRAIL		
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32805		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	THOMPSON, MICHAEL		
STREET ADDRESS		STREET ADDRESS	2836 MESSINA AV		
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32811		
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 information.					
SIGNATURE: <u>William Dauntain</u> WILLIAM DAUNTAIN			26 JAN 2007 407-648-2202		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		