

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18758

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** FULL GOSPEL FAITH FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business:**

3009 LAURESSA LN.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

P, O. BOX 561144  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 59-2744191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, JAMES O DP  
801 29TH STREET  
ORLANDO, FL 32806 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: DP  
Name: BROWN, JAMES OTIS  
Address: 2631 MONTE CARLO TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: DV  
Name: BROWN, CARETHA EVANS  
Address: 2631 MONTE CARLO TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: GASTON, BROOKE  
Address: 4407 SOUTH KIRKMAN RD #104C  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: THOMPSON, MICHEAL  
Address: 2836 MESSINA AVE  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: BROWN, JAMES JR  
Address: 7121 MINIPPI DR  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: COOPER, ISABELLE  
Address: 2684 GRAPEVINE CRST  
City-St-Zip: OCOEE, FL 24761

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: ROSE M. BROWN

MRS

02/15/2012

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

\_\_\_\_\_  
Date