FILE NOW: FILING FEE IS $61.25

Return to the attention of Diane Cushing with the amount of $122.50

Clerical error & given wrong information from our office.

NONPROFIT CORPORATION ANNUAL REPORT

1995 & **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002319

1. Corporation Name

THE FULL GOSPEL STATION, INC.

Principal Place of Business	Mailing Address
250 South Bridge Street LaBelle, Florida 33935	

3. Date Incorporated or Qualified: 5 May 1994
3a. Date of Last Report: -

2. Principal Place of Business
21 Suite D
22 Suite, Apt. #, etc. 250 South Bridge Street
23 City & State LaBelle, Florida
24 Zip 33935 25 Country USA

2a. Mailing Address P.O. Box 146
26
27 Suite, Apt. #, etc.
28 City & State LaBelle, Florida
29 Zip 33935 30 Country USA

4. FEI Number 65-0494198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Edwards, H. Phillip
4275 Ft. Adams Avenue
LaBelle, Florida 33935

10. Name and Address of New Registered Agent

81 Name Elver, Ralph
82 Street Address (P.O. Box Number is Not Acceptable) 461 South Main Street
83
84 City LaBelle FL 85 Zip Code 33935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Ralph Elver — 2/15/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Edwards, H. Phillip 4275 Ft. Adams Avenue LaBelle, Florida 33935 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOMEZ, GRANT W. 1~~0~~58 MOHAWK AVE ~~LABELLE, FL 33935~~ ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUFF, K D 1099 FERNWOOD LANE LABELLE, FL 33935 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FULP, CHARLES A. 4532 SPRINGVIEW CIRCLE LABELLE, FL 33935 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 400001721044 -02/22/96--01015--015 ****122.50 ****122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition dcc

FILED
96 FEB 22 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Fulp CHARLES A. FULP, Secretary/Director — 15 February 1996 — 941-675-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #