

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707451

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC4243757521**

**Entity Name:** FULL GOSPEL ASSEMBLY, INC.

**Current Principal Place of Business:**

7803 UNIVERSITY BLVD  
WINTER PARK, FL 32792

**Current Mailing Address:**

7803 UNIVERSITY BLVD  
WINTER PARK, FL 32792

**FEI Number:** 58-0059307

**Certificate of Status Desired:** No

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

MONTECALVO, RICHARD LSR  
1460 PELICAN BAY TRAIL  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title D  
Name MULLIS, RAY  
Address 9638 LAKE DOUGLAS PL  
City-State-Zip: ORLANDO FL 32917

Title D  
Name BOOTH, KEITH  
Address 573 RACHAEL CT.  
City-State-Zip: OVIEDO FL 32765

Title S/T  
Name BLANCHARD, ELLEN  
Address 2543 EASTBROOK BLVD  
City-State-Zip: WINTER PARK, FL 32792

Title D  
Name MONTECALVO, RICHARD LJR  
Address 1221 LAKE MILLS ROAD  
City-State-Zip: CHULUOTA FL 32766

Title D  
Name WAINWRIGHT, LAWRENCE  
Address 2605 MARTZ CT.  
City-State-Zip: ORLANDO FL 32817

Title D  
Name ROBERT, RYAN  
Address 273 N. LAKE JESSUP AVE.  
City-State-Zip: OVIEDO FL 32765

*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:** RICHARD L MONTECALVO SR.

**SENIOR PASTOR**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date