

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008526

**Entity Name:** FULL GOSPEL CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

159 N. GAINES STREET  
OAK HILL, FL 32759

**Current Mailing Address:**

P.O. BOX 125  
OAK HILL, FL 32759 US

**FEI Number: 27-1502437**

**Certificate of Status Desired: Yes**

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

GALLOWAY, WILLIAM  
2732 YULE TREE DRIVE  
EDGEWATER, FL 32141 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:** WILLIAM GALLOWAY

01/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name GALLOWAY, WILLIAM REV  
Address 159 N. GAINES STREET  
City-State-Zip: OAK HILL FL 32759

Title EXECUTIVE SECRETARY  
Name GALLOWAY, SALLY  
Address 2732 YULE TREE  
City-State-Zip: EDGEWATER FL 32141

Title TREASURER  
Name KEMP, STEPHEN G SR.  
Address 3412 LIME TREE DR  
City-State-Zip: EDGEWATER FL 32141

Title TRUSTEE  
Name MARTINE, MARIE  
Address 307 JOAN STREET  
City-State-Zip: EDGEWATER FL 32132

Title TRUSTEE  
Name JARVIS, FRED R JR.  
Address 2016 WOODLAND AVE.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** SALLY K GALLOWAY

EXCUTIVE SECRETARY

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date