

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707931

FILED
Apr 18, 2007
Secretary of State

Entity Name: FULL GOSPEL EVANGELISTIC CHURCH, INC.

Current Principal Place of Business:

18 SOUTH POWERS DRIVE
P. O. BOX 616901
ORLANDO, FL 32861

New Principal Place of Business:

Current Mailing Address:

18 SOUTH POWERS DRIVE
P. O. BOX 616901
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-2872540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYMAKER, RISHA C
2612 GREENACRE ROAD
ORLANDO, FL 32703 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: PD () Delete
Name: PINKNEY, RONALD C,
Address: 18 S POWERS DRIVE
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: KNIGHT, FRANK D,
Address: 18 S POWERS DRIVE
City-St-Zip: ORLANDO, FL

Title: SD () Delete
Name: SLAYMAKER, RISHA C,
Address: 18 S POWERS DRIVE
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: BRUCE, CLARENCE,
Address: 18 S POWERS DR
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: PINKNEY, GREGORY D,
Address: 18 S POWERS DR.
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: SLAYMAKER, SANFORD L,
Address: 18 S POWERS DR
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RISHA C SLAYMAKER

SD

04/18/2007

Electronic Signature of Signing Officer or Director

Date