# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# 707931

**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: | SANFORD LEROY SLAYMAKER | |
| 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: | BARBARA WHITT HOGAN | |
| 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 |
| Name: | |
| 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 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 04/22/2009

Electronic Signature of Signing Officer or Director — Date