FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90160 073 ****61.25
04-14-1999 90160 074 *****8.75

0057773

DOCUMENT # 711391

1. Corporation Name

FULL GOSPEL FELLOWSHIP CHURCH, INC.

Principal Place of Business	Mailing Address
HIGHWAY US 17 SOUTH FT. MEADE FL 33841 US	PO BOX 1145 FT MEADE FL 33841

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/25/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6537930 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WHITTINGTON, LEWIS
1049 PLATEAU AVENUE
LAKELAND FL 33815

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 LEWIS WHITTINGTON Lewis Whittington DATE 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, LEWIS		1.2 NAME		
STREET ADDRESS	1049 PLATEAU AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33815		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, JAMES E		2.2 NAME		
STREET ADDRESS	110 POOL BRANCH ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MEADE FL 33841		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, MYRTICE		3.2 NAME		
STREET ADDRESS	1049 PLATEAU AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MEADE, FL 33815		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, IRENE		4. 2 NAME		
STREET ADDRESS	703 WANMAKER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MEADE FL 33841		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, SOPHIA		5.2 NAME		
STREET ADDRESS	110 POOL BRANCH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MEADE FL 33841		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, ROBERT		6.2 NAME		
STREET ADDRESS	703 WANMAKER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33841		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Lewis Whittington Lewis Whittington 3/15/99 941-686-4856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)