

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90155 001 ****61.25
 02-09-2001 90155 002 *****8.75

DOCUMENT # 711391

1. Entity Name

FULL GOSPEL FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

HIGHWAY US 17 SOUTH
 FT. MEADE FL 33841
 US

395 W PARKER ST
 BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6537930

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTINGTON, LEWIS
 110 POOL BRANCH RD
 FORT MEADE FL 33841

Name

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

City

FL

Zip Code

8. 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 *Lewis Whittington*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	WHITTINGTON, LEWIS	
STREET ADDRESS	110 POOL BRANCH RD	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	V	☐ Delete
NAME	WHITTINGTON, JAMES E	
STREET ADDRESS	395 W PARKER ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	☐ Delete
NAME	WHITTINGTON, MYRTICE	
STREET ADDRESS	110 POOL BRANCH RD	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	☐ Delete
NAME	STEVENSON, IRENE	
STREET ADDRESS	703 WANMAKER STREET	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	D	☐ Delete
NAME	WHITTINGTON, SOPHIA	
STREET ADDRESS	395 W PARKER ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	☐ Delete
NAME	KING, JOYCE	
STREET ADDRESS	103 ORANGE AVE N	
CITY-ST-ZIP	FORT MEADE FL 33841	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lewis Whittington* **SIGNATURE REQUIRED** President **1-23-01** **863-533-2104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)