

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0044887

**DOCUMENT # 711391**

1. Entity Name

**FULL GOSPEL FELLOWSHIP CHURCH, INC.**

04-02-2002 90857 001 \*\*\*\*\*8.75

04-02-2002 90857 002 \*\*\*\*\*61.25

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Change ☒ Addition  
NAME **RICHARD RHYNEHART**  
STREET ADDRESS **55 MEADOW WAY**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **V** ☐ Delete  
NAME **WHITTINGTON, JAMES E**  
STREET ADDRESS **395 W PARKER ST**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLIAM WILLIAMS**  
STREET ADDRESS **56 MEADOW WAY**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **S** ☐ Delete  
NAME **WHITTINGTON, MYRTICE**  
STREET ADDRESS **110 POOL BRANCH RD**  
CITY-ST-ZIP **FORT MEADE FL 33841**

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

TITLE **D** ☐ Delete  
NAME **STEVENSON, IRENE**  
STREET ADDRESS **703 WANMAKER STREET**  
CITY-ST-ZIP **FT. MEADE FL 33841**

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

TITLE **D** ☐ Delete  
NAME **WHITTINGTON, SOPHIA**  
STREET ADDRESS **395 W PARKER ST**  
CITY-ST-ZIP **BARTOW FL 33830**

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

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

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: JAMES L. WHITTINGTON REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)