## PAGE 10th 2003 NOT-FOR-PROFIT CORPORATION 3/24/2003-90207-028-\$8.75-\$8.75 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 711391 1. Entity Name FULL GOSPEL FELLOWSHIP CHURCH, INC. Principal Place of Business Mailing Address TARY OF HIGHWAY US 17 SOUTH 395 W PARKER ST FT. MEADE FL 33841 BARTOW FL 33830 US CHECK HERE IF MAKING CHANGES 4. FEI Number 59-6537930 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name WHITTINGTON, LEWIS Street Address (P.O. Box Number is Not Acceptable) 110 POOL BRANCH RD FORT MEADE FL 33841 City 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 Fiorida. I am familiar with, and accept 9. Election Campaign Financing \$5.00 May Be Make Check Payable to "FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE WHITTINGTON, LEWIS NAME MAME STREET ADDRESS 110 POOL BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MEADE FL 33841 TITLE Delete TITLE ☐ Addition Change NAME WHITTINGTON, JAMES E NAME STREET ADDRESS 395 W PARKER ST STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WHITTINGTON, MYRTICE HAME NAME 500016961405 04/24/03--01056--014 \*\*61 STREET ADDRESS 110 POOL BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MEADE FL 33841 Change DDE ☐ Delete TITLE ☐ Addition STEVENSON, IRENE NAME NAME STREET ADDRESS 703 WANMAKER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MEADE FL 33841 TITLE ☐ Delete TITLE Change Addition NAME WHITTINGTON, SOPHIA NAME STREET ADDRESS STREET ADDRESS 395 W PARKER ST CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition KING, JOYCE NAME NAME STREET ADDRESS 103 ORANGE AVE N STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FORT MEADE FL 33841 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 it made under path; 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.

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T. N. N. S. Voor 2003. If needy Delete  C. T. The further Into, call  NA SI 863-533-2104 or Write Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
Mr. James Whittington	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition
11   395 W. Parker St.   396 W. Parker St.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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