



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 714530</b> 1. Entity Name <b>JACKSONVILLE FULL GOSPEL FELLOWSHIP, INC.</b>						<b>FILED</b> <b>07 AUG -9 AM 10: 34</b> STATE OF FLORIDA JACSONVILLE, FLORIDA			
Principal Place of Business 2323 EDGEWOOD AVE., NORTH JACKSONVILLE, FL 32205				Mailing Address 1253 SORRELLS CT JACKSONVILLE, FL 32221 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1251 Sorrells Ct</b>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.						08062007 Chg-NP CR2E037 (12/06)	
City & State		City & State <b>Jacksonville FL</b>						4. FEI Number 23-7303094	
Zip		Country		Zip		Country			
<b>32221</b>		<b>Duval</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CONWELL, CHRIS E.</b> <b>1253 SORRELLS CT</b> <b>JACKSONVILLE, FL 32221</b>				7. Name and Address of New Registered Agent Name <b>Roger A. Taylor</b> Street Address (P.O. Box Number is Not Acceptable) <b>1251 Sorrells Ct</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32221</b>					
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE <i>Roger A. Taylor</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <b>08/08/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, R A 1251 SORRELLS CT JACKSONVILLE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, Roger A. PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Sorrells Ct Jacksonville FL 32221				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONWELL, MARCEL T 1253 SORRELLS CT JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DINA S. Taylor VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1251 Sorrells Ct Jacksonville FL 32221				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONWELL, CHRIS E. 1253 SORRELLS CT JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMMY L. Hinton STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2507 Paris Mill Rd Jacksonville FL 32221				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Chris E. Conwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>08/06/07</b> (904) 786-0897 <small>Date Daytime Phone #</small>					