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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719849

(2)

1. Corporation Name

FULL GOSPEL OUTREACH, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 575
TRENTON FL 32693

RT 1 BOX 575
TRENTON FL 32693-9801



3. Date Incorporated or Qualified
12/10/1970

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 7433 N.W. 147 PL.
Suite, Apt. #, etc.

26 7433 N.W. 147 PL.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENNINGTON, FRANKLIN
1714 SW IMPORT DR.
PORT ST. LUCIE FL 34953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PENNINGTON, CHARLEY
STREET ADDRESS 1049 DALE AVE
CITY-ST-ZIP FRANKLIN OH

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME PENNINGTON, FRANK
STREET ADDRESS 1714 SW IMPORT DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME WHISTLER, SANDY
STREET ADDRESS RT 1 BOX 575
CITY-ST-ZIP TRENTON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 7433 NW 147 PL.
3.4 CITY-ST-ZIP

TITLE D
NAME WHISTLER, MIKE
STREET ADDRESS RT. 1, BOX 575
CITY-ST-ZIP TRENTON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 7433 NW 147 PL.
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Sandy Whistler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-493-1175
Date Daytime Phone # 0011886

CR2E037 (9/96)