

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729788** (0)
1. Corporation Name
FULL GOSPEL CHAPEL OF PRAYER, INCORPORATED

Principal Place of Business	Mailing Address
% M. JAMES STRICKLAND 7654 MORSE AVE. JACKSONVILLE FL 32244	% M. JAMES STRICKLAND 7654 MORSE AVE. JACKSONVILLE FL 32244-4212



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1974	3a. Date of Last Report 03/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1762843	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRICKLAND, (M. JAMES) 7654 MORSE AVE. JACKSONVILLE FL 32244				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 M. JAMES STRICKLAND M. James Strickland 2/10/97
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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, VIMAN R			1.2 NAME			
STREET ADDRESS	7654 MORSE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	JAX, FL 0			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, MARLON J			2.2 NAME			
STREET ADDRESS	7654 MORSE AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JAX, FL 0			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, M JAMES			3.2 NAME			
STREET ADDRESS	7654 MORSE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JAX, FL 0			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, MICHAEL J			4.2 NAME			
STREET ADDRESS	7654 MORSE AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JAX, FL 0			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, JAMES M.			5.2 NAME			
STREET ADDRESS	7654 MORSE AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	JAX, FL 32244			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 19.07(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: M. James Strickland M. James Strickland 2/10/97

CR2E037 (9/96)