

3-30-98 B 33929 NC
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 % M. JAMES STRICKLAND 7654 MORSE AVE. JACKSONVILLE FL 32244	Mailing Address % M. JAMES STRICKLAND 7654 MORSE AVE. JACKSONVILLE FL 32244
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/29/1974	4. FEI Number 59-1762843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STRICKLAND, (M. JAMES)
7654 MORSE AVE.
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, VIVIAN R	
STREET ADDRESS	7654 MORSE AVE	
CITY-ST-ZIP	JAX, FL 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, MARLON J	
STREET ADDRESS	7654 MORSE AVE	
CITY-ST-ZIP	JAX, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STRICKLAND, M JAMES	
STREET ADDRESS	7654 MORSE AVE	
CITY-ST-ZIP	JAX, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, MICHAEL J	
STREET ADDRESS	7654 MORSE AVE	
CITY-ST-ZIP	JAX, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRICKLAND, JAMES M.	
STREET ADDRESS	7654 MORSE AVENUE	
CITY-ST-ZIP	JAX, FL 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 or on an attachment with an address.

SIGNATURE:

M. James Strickland **M. JAMES STRICKLAND** 3/16/98 908260777

CR2E087 (10/97)