

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0013005

DOCUMENT # 729788

1. Entity Name

FULL GOSPEL CHAPEL OF PRAYER, INCORPORATED

05-10-2001 90123 024 ****70.00

Principal Place of Business

Mailing Address

% M. JAMES STRICKLAND
 7654 MORSE AVE.
 JACKSONVILLE FL 32244

% M. JAMES STRICKLAND
 7654 MORSE AVE.
 JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1762843

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

M. James Strickland

04/27/01

904-260-7777

CR2E037 (10/00)