

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 044 ****61.25

DOCUMENT # 729788 1. Entity 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	
2. Principal Place of Business 25250 NE 132nd LN Suite, Apt. #, etc.		3. Mailing Address 25250 NE 132nd LN. Suite, Apt. #, etc.	
City & State FT. McCOY FL.		City & State FT. McCOY, FL.	
Zip 32134		Zip 32134	
Country MARION		Country MARION	
4. FEI Number 59-1762843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, (M. JAMES) 7654 MORSE AVE. JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, VIVIAN R 7654 MORSE AVE JAX, FL 0,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Strickland, Vivian R 25250 NE 132nd LN FT. McCOY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRICKLAND, MARLON J 7654 MORSE AVE JAX, FL 0,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Strickland, Marlon J 25250 NE 132nd LN FT. McCOY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, M JAMES 7654 MORSE AVE JAX, FL 0,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Strickland, M. James 25250 NE 132nd LN FT. McCOY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, MICHAEL J 7654 MORSE AVE JAX, FL 0,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Strickland, Michael J 25250 NE 132nd LN FT. McCOY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, JAMES M. 7654 MORSE AVENUE JAX, FL 32244,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strickland, James M 25250 NE 132nd LN FT. McCOY, FL 32134
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 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:		Date: 01/19/04 Daytime Phone #	