

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731066 (7)
1. Corporation Name
FULL GOSPEL TABERNACLE OF OAK HILL, FLORIDA, INC



Principal Place of Business
**159 NORTH GAINS STREET
OAK HILL FL 32759**

Mailing Address
**%ALVIN E. FUTCH
P.O. BOX 332
OAK HILL FL 32759**

3. Date Incorporated or Qualified
11/08/1974

3a. Date of Last Report
02/15/1995

4. FEI Number
59-2774417

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **SAME AS ABOVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **SAME AS ABOVE**
Suite, Apt. #, etc.

22 City & State
27 City & State

23 Zip
28 Zip

24 Country
29 Country

30 Country

9. Name and Address of Current Registered Agent

**DAY, JAMES C.
314 HART STREET
EDGEWATER FL 32132**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTCH, VERA E.	
STREET ADDRESS	216 ADAMS ST.	
CITY - ST - ZIP	OAK HILL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAY, JAMES C.	
STREET ADDRESS	314 HART STREET	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FUTCH, ALVIN E.	
STREET ADDRESS	216 ADAMS ST.	
CITY - ST - ZIP	OAK HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTCH, GRACE E.	
STREET ADDRESS	402 WARD DR.	
CITY - ST - ZIP	OAK HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REDDING, TAMMY	
STREET ADDRESS	30TH BEAVER BROOK LANE	
CITY - ST - ZIP	OAK HILL, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARNIE M. FUTCH	
1.3 STREET ADDRESS	402 WARD DR.	
1.4 CITY - ST - ZIP	OAK HILL FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **ALVIN E. FUTCH** *Alvin E. Futch* 3-05-96 904-345-3612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)