

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32759-0332

3. Date Incorporated or Qualified 11/08/1974	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2774417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAY, JAMES C.  
314 HART STREET  
EDGEWATER FL 32132

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, VERA E.	1.2 NAME	
STREET ADDRESS	216 ADAMS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JAMES C.	2.2 NAME	
STREET ADDRESS	314 HART STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, ALVIN E.	3.2 NAME	
STREET ADDRESS	216 ADAMS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, GRACE E.	4.2 NAME	
STREET ADDRESS	402 WARD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, TAMMY	5.2 NAME	
STREET ADDRESS	30TH BEAVER BROOK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 0	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, ARCHIE M	6.2 NAME	
STREET ADDRESS	402 WARD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKHILL FL	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 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 if changed, or on an attachment with an address.

ALVIN E. FUTCH

3-11-97

CR2E037 (9/96)