

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # **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
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3. Date Incorporated or Qualified 11/08/1974	
4. FEI Number 59-2774417	Applied For <input type="checkbox"/> Not Applicable

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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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 ALEX DAY 82 Street Address (P.O. Box Number is Not Acceptable) 211 STANFORD 83 P.O. BOX 273 84 City SEATTLE 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 Alex Day *Alex Day* DATE 5-01-98
Signature, typed or printed name of registered agent and title if applicable (N/A: Registered Agent signature required when reinstating)

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	REDDING, TAMMY
STREET ADDRESS	30TH BEAVER BROOK LANE
CITY-ST-ZIP	OAK HILL, FL 0
TITLE	D <input type="checkbox"/> DELETE
NAME	FUTCH, ARCHIE M
STREET ADDRESS	402 WARD DR.
CITY-ST-ZIP	OAKHILL FL

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 if changed, or on an attachment with an address.

SIGNATURE: Alvin E. Futch *Alvin E. Futch* 5-01-98 904-345-3613

CR2E037 (10/97)