

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739277

FILED
Jan 21, 2009
Secretary of State

Entity Name: WILLISTON FULL GOSPEL EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

627 S.W. 7TH AVE.
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

627 S.W. 7TH AVE.
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-1844671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUGATE, LEWIE
627 SW 7TH AVE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUGATE, LEWIE D
Address: 627 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: FUGATE, BARBARA J
Address: 627 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: V/D () Delete
Name: SKIPPER, FRANCES A
Address: 13428 SW 89TH AVE
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: FUGATE, JEFFREY N
Address: 3850 NE 160TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: FUGATE, AMY J
Address: 623 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J FUGATE

SD

01/21/2009

Electronic Signature of Signing Officer or Director

Date