FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR 27 PM 12:47

DOCUMENT # 739825 8

1. Corporation Name

FULL GOSPEL ASSEMBLY CHURCH, INC.

Principal Place of Business	Mailing Address
South Pine Avenue PO Box 28 Florahome, Fl 32140	South Pine Avenue PO Box 28 Florahome, Fl. 32140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/4/1977
3a. Date of Last Report: 1/28/94
4. FEI Number: 59-1775426 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

Hensley, Thelma
Hodge St. Bx 162
Grandin, Fl. 32138

10. Name and Address of New Registered Agent

31 Name: Hensley, Thelma
32 Street Address (P.O. Box Number is Not Acceptable): 101 Pioneer Rd.
33 Rt. 5 Box 606
34 City: Palatka **FL** 35 Zip Code: 32177

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HENSLEY, THELMA M.	12 NAME	HENSLEY, THELMA M.
STREET ADDRESS	HODGE ST. BOX 162	13 STREET ADDRESS	101 PIONEER RD. RT. 5 box 606
CITY-ST-ZIP	GRANDIN, FL.	14 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	HENSLEY, JOHN H.	22 NAME	HENSLEY, JOHN H.
STREET ADDRESS	HODGE ST. BOX 162	23 STREET ADDRESS	101 PIONEER RD. RT. 5 box 606
CITY-ST-ZIP	GRANDIN, FL.	24 CITY-ST-ZIP	PALATKA, FL. 32177
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CLARK, SARAH R.	32 NAME	000001459680
STREET ADDRESS	RT. 5, box 7061	33 STREET ADDRESS	-05/01/95--01072--008
CITY-ST-ZIP	PALATKA, FL. 32177	34 CITY-ST-ZIP	****130.00 ****130.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	PA ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	4-27
CITY-ST-ZIP		64 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: Thelma M. Hensley Thelma M. Hensley 4-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #