

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739825

(8)

1. Corporation Name

FULL GOSPEL ASSEMBLY CHURCH, INC.



Principal Place of Business

Mailing Address

SOUTH PINE AVENUE
P O BOX 28
FLORAHOME FL 32140SOUTH PINE AVENUE
P O BOX 28
FLORAHOME FL 32140-00283. Date Incorporated or Qualified
08/04/19773a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-1775426Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENSLEY, THELMA
101 PIONEER RD.
RT 5 BOX 606
PALATKA FL 32177

81 Name Thelma Hensley

82 Street Address (P.O. Box Number is Not Acceptable)

83 810 Moseley Ave.

84 City Palatka

FL

85 Zip Code 32177

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENSLEY, THELMA M.	
STREET ADDRESS	101 PIONEER RD. RT 5 BOX 606	
CITY-ST-ZIP	PALATKA FL 32177	

1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thelma M. Hensley	
1.3 STREET ADDRESS	810 Moseley Ave.	
1.4 CITY-ST-ZIP	Palatka, FL 32177	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENSLEY, JOHN H.	
STREET ADDRESS	101 PIONEER RD. RT 5 BOX 606	
CITY-ST-ZIP	PALATKA FL 32177	

2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John H. Hensley	
2.3 STREET ADDRESS	810 Moseley Ave.	
2.4 CITY-ST-ZIP	Palatka, FL 32177	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLARK, SARAH R	
STREET ADDRESS	RT. 5 BOX 7061	
CITY-ST-ZIP	PALATKA FL 32177	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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:

Thelma M. Hensley 1-13-97 (904) 328-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003822

CR2E037 (9/96)