**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 739825**

1. Corporation Name

FULL GOSPEL ASSEMBLY CHURCH, INC.

Principal Place of Business
SOUTH PINE AVENUE P O BOX 28
FLORAHOME FL 32140

2. Principal Place of Business

I DRAG A'

Mailing Address

SOUTH PINE AVENUE P O BOX 28

FLORAHOME FL 32140

2a. Mailing Address

## **FILED** Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90039 040 \*\*\*\*70.00

1 17307. 90839. 30 7 \*



3. Date Incorporated or Qualifed.

08/04/1977

21  みてひり	Silver Lake Drive	126				00/04/1011					
Suite, Apt.		Suite, Apt. #, etc.				<ol><li>FEI Number</li></ol>		Ap	plied For		
22 Pala	_	27 2707 Silver	Lak	e Dhi	ivo	59-1775426	6	No	t Applicable		
City & Stat		City & State	<u> </u>	<u> </u>	- 1			\$8.75 A	dditional		
23		28 Palatka.	Fla			<ol><li>Certificate of St</li></ol>	atus Desired	Fee Re	quired		
Zip Country U, S.A. Zip C				ountry 6. Election Campaign Financing			\$5.00	May Be			
24 321		32177 30	115	5.A.		Trust Fund Col	1	Added to	,		
24 0 0 1	9. Name and Address of Current		1/11	2,2,1.2	1		dress of New Registe	red Agent			
	5. Name and Address of Current	registered rigots	81	Name							
			["	110,,,,							
HENSLEY, THELMA				82 Street Address (P.O. Box Number is Not Acceptable)							
2707 SIVER LAKE DR				<u> </u>							
PALATKA FL 32177									l		
I ADAINA FE OEITI				City				85 Zip C	ode		
			84	Ony				FL			
1. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes, t	he above	-named c	corporat	ion submits this st	atement for the purpos	e of changing its	registered		
office or re	egistered egent, or both, in the State of	Florida. Such change was autho	nzea ov	une corpor	ration's	board of directors	. I hereby accept the a	ppointment as reg	gistered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes.	•							
SIGNATURE					and and order		DAT	F	<del></del>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  12. OFFICERS AND DIRECTORS 13				( signature rec	Kining wife		ANGES TO OFFICER		RS IN 12		
12.		DELETE		-		7,55777677676		Change	Addition		
TITLE	PD	□ bereie	1.1 TITLE					-			
NAME	HENSLEY, THELMA M.		1.2 NAME		~ ~	- a Cil	van lata	Dulle	l		
STREET ADDRESS	810 MOSELEY AVE.		1.3 STREET	ADDRESS	21	07 311	ver Lake	Drive	l		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-S	-ZIP	Pal	atka,	FL. 32177	,			
TITLE	VD	☐ DELETE	2.1 TITLE			•		Change	☐ Addition		
NAME	HENSLEY, JOHN H.		2.2 NAME			;	~	•			
STREET ADDRESS	2707 SILVER LAKE DR		2.3 STREET	ADDRESS							
CITY-ST-ZIP	PALATKA FL 32177		2. 4 CITY-S	T-ZIP							
TITLE	SD	☐ DELETE	3.1 TITLE					☐ Change	Addition		
NAME	CLARK, SARAH R		3.2 NAME								
STREET ADDRESS	RT. 5 BOX 7061	1	3.3 STREET	ADDRESS							
CITY-ST-ZIP	PALATKA FL 32177		3.4. CITY-S	T-ZIP							
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition		
NAME			4. 2 NAME	1							
STREET ADDRESS			4.3 STREET	ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	r-zip							
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition		
NAME			5.2 NAME	l							
STREET ADDRESS			5.3 STREET	ADDRESS							
CITY ST-ZIP	`		5.4 CITY-S	T-ZIP							
TITLE "	,	☐ DELETE	6.1 TITLE					☐ Change	☐ Addition		
NAME	<b>5</b>		6.2 NAME	ŀ					- 1		
STREET ADDRESS			6.3 STREET	ADDRESS					f		
CITY-ST-ZID			6.4 CITY-S	r-zip					Ì		

4. 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 suppliemental 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, with all other like empowered.

BEED P.D. Thelma. M. Hensley Jan. 5, 1999