2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

STREET ADDRESS

CITY-ST-ZIP

Feb 07, 2005 8:00 am **Secretary of State DOCUMENT # 739825** 1. Entity Name 02-07-2005 90064 047 ****61.25 FULL GOSPEL ASSEMBLY CHURCH, INC. Principal Place of Business Mailing Address 40010003 2707 SILVER LAKE DRIVE 2707 SILVER LAKE DRIVE PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1775426 Not Applicable Zip Country __ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENSLEY, THELMA" Street Address (P.O. Box Number is Not Acceptable) 2707 SIVER LAKE DR PALATKA FL 32177 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1; 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITŁE ☐ Change ☐ Addition HENSLEY, THELMA M. 2707 SILVER LAKE DRIVE STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP WD-CLARK, SARAH R. Schange \overline{VD} TITLE ☐ Delete THILE Addition CLARK, SARAH R NAME NAME 34 TARPON BLVD INTERLACHAN, Fl. 32148 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP SD CLARK, Henry D'Change Addition 114 CINNAMON DELVE INTERLACHEN, Fla. 32148 Delete CLARK, HENRY 316 TARPON BLVD STREET ADDRESS STREE<u>1</u> ADDRESS CITY-ST-7IP PALATKA FL 32177 CITY-ST-ZIP ☐ Addition TITL F Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME

STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED