## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 13, 2007 8:00 am Secretary of State **DOCUMENT # 739825** 1. Entity Name 02-13-2007 90008 005 \*\*\*\*61.25 FULL GOSPEL ASSEMBLY CHURCH, INC. Principal Place of Business Mailing Address 2707 SILVER LAKE DRIVE PALATKA FL 32177 2707 SILVER LAKE DRIVE PALATKA FL 32177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14 CINNAMON Dr. 114 CINNamon Drive Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For nterlachen, nterl 59-1775426 Not Applicable Zip 2148 \$8.75 Additional 5. Certificate of Status Desired 32148 ut<u>nam</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENSLEY, THELMA Street Address (P.O. Box Number is Not Acceptable) 2707 SIVER LAKE DR PALATKA FL 32177 14 CINNamon 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Thelma Hensley 114 Cinnamon Drive TITLE □ Defete IIILI NAME NAME HENSLEY, THELMA M. STREET ADDRESS STREET ADDRESS 2707 SILVER LAKE DRIVE Interlachen, Fl. 32148 CITY-ST-7IP CHY-ST-7IP PALATKA FL 32177 11111. ☐ Delete THE NAME CLARK, SARAH R NAME STREET ADDRESS 114 CINNAMONN DRIVE STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP INTERLACHEN FL 32148 Delete HDI TOTAL Change ☐ Addition NAMI NAME CLARK, HENRY STREET ADDRESS STREET ADDRESS 114 CINNAMON DRIVE CHY-SI-7IP CHY-ST-7/P INTERLACHEN FL 32148 TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1 Thelma Hensley 2-5-07 684-0104