2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2006 8:00 am Secretary of State **DOCUMENT # 758286** 1. Entity Name 03-21-2006 90049 019 ****61.25 FULL GOSPEL TABERNACLE OF MASCOTTE, INC. Principal Place of Business Mailing Address 1568 DOWNING ST 1568 DOWNING ST P.O. BOX 214 P.O. BOX 214 **GROVELAND FL 34736 GROVELAND FL 34736** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2136064 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 BREWER, BEN Street Address (P.O. Box Number is Not Acceptable) 10827 CRESCENT RIDGE LOOP CLERMONT FL 34711 City 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 DATE . Signature, typiid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) THE RESERVE TO THE WAR TO SERVE THE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BREWER, BEN NAME NAME STREET ADDRESS 10827 CRESCENT RIDGE LOOP STREET ADDRESS CITY-ST-7IP CLERMONT FL 34711 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ■ Addition BREWER, MELISSA NAME NAME 10827 CRESCENT RIDGE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP STD ☐ Addition ☐ Oelete TITLE ☐ Change NAREHOOD, MARY ANN NAME NAME STREET ADDRESS 7409 EDGEWOOD BOYS RANCH ROAD STREET ADDRESS **GROVELAND FL 34736** CITY-ST-ZIP CITY-ST-ZIP Director Change Addition TITLE ☐ Delete TITLE LEE, RUDEEN NAME NAME Rudeen Lee 162 Jim Payne Road, Apt. 17 STREET ADDRESS 112 WALDO ST STREET ADDRESS Groveland F1 34736 CITY-ST-7IP CITY-ST-ZIP **GROVELAND FL 34736** TITLE Detete TITLE Change Addition HERNDON, BRUCE NAME NAME 14105 BAY LAKE ROAD STREET ADDRESS STREET ADDRESS **GROVELAND FL 34736** CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAPPER, EDWARD NAME NAME 17326 S.E. 140TH AVE STREET ADDRESS STREET ADDRESS WEIRSDALE FL 32195 CITY-ST-ZIP CITY-ST-ZIP

FILED

Mary ann Marchood Mary Ann Narchood 3-4-06

12. I hereby certify that the information supplied with this filling 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