

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758286

FILED
Apr 13, 2009
Secretary of State

Entity Name: FULL GOSPEL TABERNACLE OF MASCOTTE, INC.

Current Principal Place of Business:

1568 DOWNING ST
P.O. BOX 214
GROVELAND, FL 34736

New Principal Place of Business:

1568 DOWNING ST
GROVELAND, FL 34736

Current Mailing Address:

1568 DOWNING ST
P.O. BOX 214
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-2136064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREWER, BEN
10827 CRESCENT RIDGE LOOP
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREWER, BEN
Address: 10827 CRESCENT RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: BREWER, MELISSA
Address: 10827 CRESCENT RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: NAREHOOD, MARY ANN
Address: 7409 EDGEWOOD BOYS RANCH ROAD
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Delete
Name: LEE, RUDEEN
Address: 162 JIM PAYNE ROAD., APT 17
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: NAPPER, STEVEN R
Address: 1416 SO. DORA BLVD.
City-St-Zip: TAVARES, FL 32778

Title: D (X) Delete
Name: NAPPER, EDWARD
Address: 17326 S.E. 140TH AVE
City-St-Zip: WEIRSDALE, FL 32195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN NAREHOOLD

TRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date