

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

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90161 016 \*\*\*\*70.00

**DOCUMENT # 763620**

1. Entity Name

FULL GOSPEL TABERNACLE OF PLANT CITY, INC.



Principal Place of Business

2311 SAMMONDS RD.  
PLANT CITY FL 33563

Mailing Address

PO BOX 824 NA  
PLANT CITY FL 33564  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2896700

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPPS, JOHN M, REV.  
1717 MARSHALL DR  
PLANT CITY FL 33565

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EPPS, JOHN M., REV	
STREET ADDRESS	1717 MARSHALL DR	
CITY - ST - ZIP	PLANT CITY FL 33565	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	EPPS, GLADYS M.	
STREET ADDRESS	1717 MARSHALL DR	
CITY - ST - ZIP	PLANT CITY FL 33565	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FILMON, EDWARD E	
STREET ADDRESS	926 NASHVILLE ROAD	
CITY - ST - ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMMITTE, ARLIE	
STREET ADDRESS	396 NE 9TH ST	
CITY - ST - ZIP	MULBERRY FL 33860	

TITLE	D	<input type="checkbox"/> Delete
NAME	DOGGETT, MARVIN	
STREET ADDRESS	6019 ZEPHYRIDGE DR LOT 3	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mabelle Filmon	
STREET ADDRESS	926 Nashville Road	
CITY - ST - ZIP	Lakeland, FL 33815	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8205 Park Byrd Rd.	
CITY - ST - ZIP	Lakeland, FL 33810	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

**SIGNATURE:** Gladys M. Epps 4-26-06 813-719-1706

all 813-716-2581