

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

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 038 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME EPPS, JOHN M., REV
STREET ADDRESS 1717 MARSHALL DR
CITY-STATE-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VPD ☐ Delete
NAME EPPS, GLADYS M.
STREET ADDRESS 1717 MARSHALL DR
CITY-STATE-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE STD ☐ Delete
NAME FILMON, MABELLE
STREET ADDRESS 926 NASHVILLE RD
CITY-STATE-ZIP LAKELAND FL 33815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME GRIMMITTE, ARLIE
STREET ADDRESS 8205 PRK BYRD RD
CITY-STATE-ZIP LAKELAND FL 33810

TITLE D ☐ Change ☒ Addition
NAME Joseph Ranthun
STREET ADDRESS 1353 Waterview Blvd
CITY-STATE-ZIP Lakeland, FL 33801

TITLE D ☐ Delete
NAME DOGETT, MARVIN
STREET ADDRESS 6019 ZEPHYRIDGE DR LOT 3
CITY-STATE-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

Date

813-754-3843

813-719-1706

Daytime Phone #