

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763620

FILED
Jun 26, 2009
Secretary of State

Entity Name: FULL GOSPEL TABERNACLE OF PLANT CITY, INC.

Current Principal Place of Business:

2311 SAMMONDS. RD.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

PO BOX 824 NA
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-2896700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EPPS, JOHN M, REV.
1717 MARSHALL DR
PLANT CITY, FL 33565 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: P () Delete
Name: EPPS, JOHN M., REV
Address: 1717 MARSHALL DR
City-St-Zip: PLANT CITY, FL 33565

Title: VPD () Delete
Name: EPPS, GLADYS M.
Address: 1717 MARSHALL DR
City-St-Zip: PLANT CITY, FL 33565

Title: STD () Delete
Name: FILMON, MABELLE
Address: 926 NASHVILLE RD
City-St-Zip: LAKE LAND, FL 33815

Title: D () Delete
Name: RAMTHUN, JOSEPH
Address: 1353 WATERVIEW BLVD.
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: DOGGETT, MARVIN
Address: 6019 ZEPHYRIDGE DR LOT 3
City-St-Zip: ZEPHYRHILLS, FL 33541

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: EPPS, JOHN M., REV

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date