FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766364** **(4)**

1. Corporation Name

THE FULL GOSPEL FELLOWSHIP CHURCH IN MIAMI, INC.

Principal Place of Business	Mailing Address
10341 SW 82ND CT MIAMI FL 33156	10341 SW 82ND CT MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1982**

3a. Date of Last Report: **02/17/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☑ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired — 20 — **$9.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAXEY, TOM
3001 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83 400001448634
-04/06/95--01011--008
*****70.00 *****70.00

84 City FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition PD
NAME	FALCO, ROBERT D.	1.2 NAME	FALCO, ROBERT D.
STREET ADDRESS	13330 S.W. 82ND STREET	1.3 STREET ADDRESS	1150 FAITH CIRCLE EAST APT. 210F
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition VSD
NAME	FALCO, PHYLLIS S.	2.2 NAME	FALCO, PHYLLIS S.
STREET ADDRESS	13330 S.W. 82ND STREET	2.3 STREET ADDRESS	1150 FAITH CIRCLE EAST APT. 210F
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, THOMAS O.	3.2 NAME	
STREET ADDRESS	10341 SW 82 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	CANTIN, EDYTHE C	4.2 NAME	
STREET ADDRESS	8130 SW 53 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	4/3/95 MSF
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas O Johnson THOMAS O. JOHNSON 3-20-95 (305) 471-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003281