

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766364** (4)  
1. Corporation Name  
**THE FULL GOSPEL FELLOWSHIP CHURCH IN MIAMI, INC.**



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

3. Date Incorporated or Qualified: 12/30/1982  
3a. Date of Last Report: 04/03/1995  
4. FEI Number: NOT APPLICABLE Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 [ ] 22 [ ] 23 [ ] 24 [ ]  
2a. Mailing Address  
26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]  
25 [ ] 25 [ ] 29 [ ] 30 [ ]

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 [ ]  
84 City [ ] 85 Zip Code [ ]

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FALCO, ROBERT D.	
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	
CITY - ST - ZIP	BRADENTON FL 34202	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FALCO, PHYLLIS S.	
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	
CITY - ST - ZIP	BRADENTON FL 34202	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS O.	
STREET ADDRESS	10341 SW 82 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CANTIN, EDYTHE C	
STREET ADDRESS	8130 SW 53 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEGAARD, MIRIAM R	
1.3 STREET ADDRESS	9590 SW 19TH ST.	
1.4 CITY - ST - ZIP	MIAMI, FL 33165	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 2-15-96 (305) 271-1310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)