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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33156-2518

3. Date Incorporated or Qualified: 12/30/1982
3a. Date of Last Report: 02/21/1996
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: [X] \$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 [X] No

2. Principal Place of Business: 21 / Suite, Apt. #, etc.:
22 City & State: 23
24 Zip: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc.:
28 City & State: 29 Zip: 30 Country:

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: FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
PD FALCO, ROBERT D. 1150 FAITH CIRCLE EAST, APT 2104 BRADENTON FL 34202
VSD FALCO, PHYLLIS S. 1150 FAITH CIRCLE EAST, APT 2104 BRADENTON FL 34202
TD JOHNSON, THOMAS O. 10341 SW 82 CT MIAMI FL
SD NEGAARD, MIRIAM R. 9590 SW 19TH STREET MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 3-28-97 (305) 271-1310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027722

CFR2E037 (9/96)