

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854745

(7)

1. Corporation Name

FULL GOSPEL TRUTH INC.



Principal Place of Business

Mailing Address

**304 3RD ST
P.O. BOX 886
EAST JORDAN MI 49727**

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P.O. BOX 886
EAST JORDAN MI 49727**

3. Date Incorporated or Qualified
11/22/1982

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

38-6094717

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERICKSON, FRAN
5205 RILMA AVENUE
SARASOTA FL 33580**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROBERTS, ORBEN**
STREET ADDRESS **1488 IRISH RD**
CITY - ST - ZIP **DAVISON MI**

TITLE **V** ☐ DELETE
NAME **MCGREGOR, RONALD R**
STREET ADDRESS **5963 BARKER ST, PO BOX 98**
CITY - ST - ZIP **ALBA MI**

TITLE **D** ☒ DELETE
NAME **LAMOND, WILLIAM**
STREET ADDRESS **2288 NEBRASKA ST**
CITY - ST - ZIP **SAGINAW MI**

TITLE **T** ☐ DELETE
NAME **ANGEL, ROY L.**
STREET ADDRESS **26256 LOUISIANA AVE.**
CITY - ST - ZIP **NOVI MI**

TITLE **PS** ☐ DELETE
NAME **BARBER, HARLEY R**
STREET ADDRESS **304 3RD ST, PO BOX Q**
CITY - ST - ZIP **EAST JORDON MI**

TITLE **D** ☐ DELETE
NAME **HETLER, JOSEPH**
STREET ADDRESS **2034 CHARLEVOIX RD**
CITY - ST - ZIP **BOYNE CITY MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Carpenter, Edward L.**
3.4 CITY - ST - ZIP **20828 W. Trebesh Circle
Pinckney, MI.**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

Harley R. Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harley R. Barber

01/19/96

1-616-536-2920

Date

Daytime Phone #

CR2E037 (12/95)