

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

304 3RD ST
P.O. BOX 886
EAST JORDAN MI 49727-08863. Date Incorporated or Qualified
11/22/19823a. Date of Last Report
03/05/19964. FEI Number
38-6094717Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ERICKSON, FRAN
5205 RILMA AVENUE
SARASOTA FL 33580

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

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 MITITLE V ☐ DELETE
NAME MCGREGOR, RONALD R
STREET ADDRESS 5963 BARKER ST, PO BOX 98
CITY - ST - ZIP ALBA MITITLE D ☐ DELETE
NAME CARPENTER, EDWARD L.
STREET ADDRESS 20828 W. TREBESH CIRCLE
CITY - ST - ZIP PINCKNEY MITITLE T ☐ DELETE
NAME ANGEL, ROY L.
STREET ADDRESS 26256 LOUISIANA AVE.
CITY - ST - ZIP NOVI MITITLE PS ☐ DELETE
NAME BARBER, HARLEY R
STREET ADDRESS 304 3RD ST, PO BOX "O"
CITY - ST - ZIP EAST JORDON MITITLE 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 D ☐ Change ☐ Addition
1.2 NAME James R. Turner
1.3 STREET ADDRESS 10091 E. Dodge Rd.
1.4 CITY - ST - ZIP Otisville, MI. 484632.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME Jerald G. Crawford
6.3 STREET ADDRESS 02729 S. Ranney Rd.
6.4 CITY - ST - ZIP East Jordan, MI. 49727

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:

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

02/20/1997

616-536-2920

CP2E037 (9/96)