

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 003 ****61.25

DOCUMENT # F06000001026

1. Entity Name
FULL GOSPEL BAPTIST BIBLE INSTITUTE, INC.



Principal Place of Business
**PO BOX 42779
PHILADELPHIA, PA 19101**

Mailing Address
**3948 3RD ST S SUITE 129
JACKSONVILLE BEACH, FL 32250**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3062425

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOOLABH, BIMAL
3948 3RD ST S
JACKSONVILLE BEACH, FL 32250**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ELLINGTON, LARRY E**
STREET ADDRESS **418 W OLNEY AVE**
CITY-ST-ZIP **PHILADELPHIA, PA 19120**

TITLE **P** ☐ Delete
NAME **COHEN, JUSTIN**
STREET ADDRESS **30 BURD AVE**
CITY-ST-ZIP **UPPER DARBY, PA 19082**

TITLE **S** ☐ Delete
NAME **COHEN, LATOYA C**
STREET ADDRESS **30 BURD AVE**
CITY-ST-ZIP **UPPER DARBY, PA 19082**

TITLE **T** ☐ Delete
NAME **HARRISON, JAY T**
STREET ADDRESS **701 MORTON AVE**
CITY-ST-ZIP **CHESTER, PA 19013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Justin Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

Date

800 787 5309

Daytime Phone #