2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# F06000001026

Entity Name: FULL GOSPEL BAPTIST BIBLE INSTITUTE, INC.

Current Principal Place of Business:

7218 BRENT RD.
UPPER DARBY, PA 19082

New Principal Place of Business:

Current Mailing Address:

3948 3RD ST. SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-3062425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOOLABH, BIMAL
3948 3RD ST. SOUTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, JUSTIN T REV.
Address: 7218 BRENT RD.
City-St-Zip: UPPER DARBY, PA 19082

Title: S ( ) Delete
Name: COHEN, LATOYA C REV.
Address: 7218 BRENT RD.
City-St-Zip: UPPER DARBY, PA 19082

Title: T ( ) Delete
Name: HARRISON, JAY T REV.
Address: 701 MORTON AVE.
City-St-Zip: CHESTER, PA 19013

Title: D ( ) Delete
Name: LEWTER, ANDY C BISHOP
Address: 3504 GREAT NECK RD.
City-St-Zip: AMITYVILLE, NY 11701

Title: D ( ) Delete
Name: ELLINGTON, LARRY E BISHOP
Address: 418 W. OLNEY AVE.
City-St-Zip: PHILADELPHIA, PA 19120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JUSTIN T. COHEN, TH.M. P 05/05/2009
Electronic Signature of Signing Officer or Director — Date