


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000001833</b> 1. Entity Name <b>FULL GOSPEL SINGLES INCORPORATED</b>			
Principal Place of Business <b>5104 N OBT SUITE #201 ORLANDO FL 32808 US</b>		Mailing Address <b>P.O. BOX 540687 ORLANDO FL 32854</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
<b>6. Name and Address of Current Registered Agent</b> <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>HARDIN, FAYE A 4323 N. LAKE ORLANDO PKWY ORLANDO FL 32808</b> </div>			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 40%;">           SIGNATURE <u><i>Faye A. Hardin</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 15%; text-align: right;">           DATE <u><i>4/27/06</i></u> </div> </div>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>P</b>  <b>HARDIN, FAYE</b>  <b>4323 N. LAKE ORLANDO PKWY</b>  <b>ORLANDO FL 32808</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> Delete</div>	<div style="border: 1px solid black; padding: 2px;"> <b>VP</b>  <b>SLOUGH, LORI</b>  <b>1258 CLEVELAND AVE</b>  <b>APOPKA FL 32703</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> Delete</div>	<div style="border: 1px solid black; padding: 2px;"> <b>T</b>  <b>SIMPSON, JUNE</b>  <b>1605 PARK DR.</b>  <b>LEESBURG FL 34749</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> Delete</div>
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1st MOORE CR2E037 (10/05)

4. FEI Number **58-1710988** ☐ Applied For Not Applicable

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

7. Name and Address of New Registered Agent

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 *Faye A. Hardin* DATE *4/27/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>U00000561750</b>  <b>05/19/06-80028-007 61.25</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Faye A. Hardin* DATE *4/27/06* *407-290-00*