

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006263

FILED
Mar 29, 2006
Secretary of State

Entity Name: NYC FULL GOSPEL THEOLOGICAL SEMINARY INC.

Current Principal Place of Business:

7077 LONE OAK
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

7077 LONE OAK
NAPLES, FL 34109

New Mailing Address:

FEI Number: 11-3214853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAROFALO, FRANK DR.
7077 LONE OAK BLVD
NAPLES, FL 34109 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: CPD () Delete
Name: GAROFALO, FRANK DR.
Address: 7077 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CACCIUTTO, ANTHONY REV.
Address: 4 - HIBISUS PLACE
City-St-Zip: JACKSON, NJ 11691

Title: D () Delete
Name: MICELI SR., ALFRED REV.
Address: 861 BELVILLE BLVD.
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: GLAVES, VERNICE DR.
Address: 4307 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: CONNOR, SADIE REV.
Address: 323 SW. 76TH. TERRACE
City-St-Zip: NORTH FT, LAUDERDALE, FL 33068

Title: SD () Delete
Name: GAROFALO, SALLY REV.
Address: 169 SANTA CLARA DR. #7
City-St-Zip: NAPLES, FL 34104

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAROFALO FRANK DR.

CDP

03/29/2006

Electronic Signature of Signing Officer or Director

Date