

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004873

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** FULL GOSPEL TABERNACLE OF PRAISE INTERNATIONAL, INC.

**Current Principal Place of Business:**

1219 E. 17TH AVE.  
TAMPA, FL 33605

**New Principal Place of Business:**

218 S. JUDKINS AVENUE  
LIMA, OH 45805

**Current Mailing Address:**

PO BOX 76533  
TAMPA, FL 33675 US

**New Mailing Address:**

PO BOX 17507  
TAMPA, FL 33862 US

**FEI Number:** 34-1820386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFERSON, APOSTLE SHARON E DR  
1219 E 17TH AVE.  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

JEFFERSON, APOSTLE SHARON E DR  
1812 FRENCH CREEK RD  
12  
LIMA, FL 33605 US

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: SHARON E. JEFFERSON

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: JEFFERSON, SHARON E  
Address: 1219 E. 17TH AVE.  
City-St-Zip: TAMPA, FL 33605

Title: VP ( ) Delete  
Name: KENDALL, APOSTLE RICK  
Address: 1967 SW. SYLVESTER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: ST ( ) Delete  
Name: MARTIN, APOSTLE GURTEL  
Address: 1812 FRENCH CREEK RD.#12  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JEFFERSON, SHARON E DR.  
Address: 218 S. JUDKINS AVENUE  
City-St-Zip: LIMA,, OH 458065

Title: VP (X) Change ( ) Addition  
Name: KENDALL, APOSTLE RICK REV.  
Address: 1967 SW. SYLVESTER LN.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: TRES (X) Change ( ) Addition  
Name: DIANA, SHURELDS PASTOR  
Address: 302 N. ELIZABETH STREET  
City-St-Zip: LIMA,, OH 45802

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. SHARON E. JEFFERSON

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date