

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004873

FILED
Apr 24, 2007
Secretary of State

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

Current Principal Place of Business:

218 S. JUDKINS AVENUE
LIMA, OH 45805 US

New Principal Place of Business:

747 S. PINE STREET
LIMA, OH 45804 US

Current Mailing Address:

218 S. JUDKINS AVENUE
LIMA, OH 45805 US

New Mailing Address:

POST OFFICE BOX 327
LIMA, OH 45802 US

FEI Number: 34-1820386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARAMOURE, RONDA REV
714 CALIENTE DR
TAMPA,, FL 33511 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 D () Delete
Name: JEFFERSON, SHARON E DR.
Address: 218 S. JUDKINS AVENUE
City-St-Zip: LIMA,, OH 45805 US

Title: T D () Delete
Name: BROWN, SANDRA APOSTLE
Address: 14401 PRIDE VALLEY RD
City-St-Zip: LITLTEROCK, AR 72211 US

Title: SD () Delete
Name: RONDA, PARAMOURE REV.
Address: 714 CALIENTE
City-St-Zip: TAMPA, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: JEFFERSON, SHARON E DR.
Address: 747 S. PINE STREET
City-St-Zip: LIMA,, OH 45804 US

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: DR. SHARON E. JEFFERSON

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date