2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005
Secretary of State

DOCUMENT# F99000000147

Entity Name: FULL GOSPEL NATIVE MISSIONARY, INC.

Current Principal Place of Business:

350 SCOTT DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10766
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 43-6039978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, ELEANOR T
350 SCOTT DRIVE
ORMOND BEACH, FL 32174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: BUCHANAN, LUKE
Address: 11030 WULFF PINES DR.
City-St-Zip: SEMMES, AL 36575

Title: PD ( ) Delete
Name: BUCHANAN, ELEANOR
Address: 350 SCOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: SKINNER, HEATHER
Address: 2910 N. 32ND
City-St-Zip: MUSKOGEE, OK 74401

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR BUCHANAN PD 05/26/2005

Electronic Signature of Signing Officer or Director Date