

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000147

FILED  
May 26, 2005  
Secretary of State

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