

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000147

FILED
Jul 30, 2007
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 (X)

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: STD (X) Change () Addition
Name: BUCHANAN, MARK T
Address: 350 SCOTT DR.
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: VD (X) Change () Addition
Name: SKINNER, HEATHER
Address: 5101 S. CHEROKEE #644
City-St-Zip: MUSKOGEE, OK 74403

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK T. BUCHANAN

STD

07/30/2007

Electronic Signature of Signing Officer or Director

Date