

2000 UNIFORM BUSINESS REPORT (UBR)

7/17/00-90117-001-\$61.25-\$61.25

DOCUMENT # N00000000099

1. Entity Name

FULL GOSPEL FELLOWSHIP ASSEMBLY, INC.

FILED

00 SEP -6 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6 E. JOHNSON AVE.
PENSACOLA FL 32514

Mailing Address

6 E. JOHNSON AVE.
PENSACOLA FL 32514

2. Principal Place of Business

6 E. JOHNSON
Suite, Apt. #, etc.

3. Mailing Address

8600 BOWMAN AVE
Suite, Apt. #, etc.

City & State

PEN. FLA

City & State

PENSACOLA FLA

4. FEI Number

we have no FEI NUMBER

Applied For

Not Applicable

Zip

32534

Country

USA

Zip

32534

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANCE, A.T.
8600 BOWMAN AVE.
PENSACOLA FL 32543

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

SAME

FL

Zip Code

SAME

8. 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

A.T. Chance

A.T. CHANCE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME CHANCE, A.T.
STREET ADDRESS 8600 BOWMAN AVE.
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Delete

NAME BUNTING, MATTIE
STREET ADDRESS 129 KATHY CIR.
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Delete

NAME CHANCE, MARY
STREET ADDRESS 8600 BOWMAN AVE..
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED A.T. Chance

A.T. CHANCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-19-2000 Daytime Phone 478-4777