

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000099

1. Entity Name
FULL GOSPEL FELLOWSHIP ASSEMBLY, INC.



Principal Place of Business
6 E. JOHNSON AVE.
PENSACOLA, FL 32514

Mailing Address
8600 BOWMAN AVENUE
PENSACOLA, FL 32534

2. Principal Place of Business

6 E. Johnson Ave
Suite, Apt. #, etc.

3. Mailing Address

8600 Bowman Ave
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip
32514

Country

Escambia

Zip

32534

Country

Escambia

06062005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☐ 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

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

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: Mary Chance, Mary Chance, Secretary 6/10/05 850.478-9786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 JUN 13 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

